THE INDIAN
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"The knowledge of disease, the knowledge of remedies and the knowledge of their employment constitute medicine."

—HAHNEMANN.

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NEW YEAR.

Once more it is our pleasant duty to extend our cordial greetings in the New Year. By the grace of God, the Indian Homeopathic Review launches on the thirtieth year of its existence. We are grateful to our numerous readers for their continued support and encouragement. The progress of Homeopathy has been steady all over India. In Europe and America also our colleagues are preparing for new enterprise in every direction. We expect to have conferences and meetings in connection with the International Homeopathic Council in the near future.

The Calcutta Homeopathic Hospital is progressing and doing its beneficent work. We hope to extend its usefulness in the present year. An effort is also being made to unite the different schools and put homeopathic teaching on a more sound basis.

J N M

DISEASES OF THE MIDDLE EAR.

P. C. MAJUMDAR, M. D.

Acute and chronic catarrh of the middle ear is a frequent disease. It occurs from various causes, especially from exposure to cold and keeping the feet and body in cold water.

Heaviness in the ear and various sounds are heard. Gradually pain becomes intense. Sometimes fever and even delirium takes place.

Treatment. Very active measures are not required. It may pass off, without any medicine and often it assumes a chronic form and suppuration takes place. In the beginning we give a few doses of Aconite or Belladonna and that is all.

But when it assumes a serious form Arsenic may be given. Severe pain, much prostration, paroxysmal pains, chilliness and hardness of hearing Capsicum is a great remedy. We have cured numbers of cases with this medicine, even if there is fear of brain being involved. Itching in ears, mastoid region swollen and painful, pus inside the ear and intense pain. When pus is formed Hepar is our best help. In the beginning of the inflammation pus is absorbed and cure effected. But when it is already formed Hepar is able to burst it out and thus relief is obtained. If not relieved by Hepar and pain is unbearable, especially at night, Mercurius is our help.

Plantago—If ear is affected with pain in face and teeth, this medicine is of great value. We cured a

case after all the other seemingly indicated medicines failed to do any good. We use the 6th potency.

Among other medicines Pulsat, Psorinum, Tellurium, Calc. c. should be thought of.

In one inveterate case we gave a dose of Calc. c. 200 followed by a dose of Sulphur 200 every week and that effected a permanent cure. The girl was of scrofulous nature.

In very chronic cases and especially when the bones of the ear are affected, Silicea or Fluoric acid is of much value. In a case of a young girl where bones were affected and some brain symptoms were observed we gave Silicea 1m which had the desired effect. The girl had a permanent cure.

EARWAX DISEASES.

There is either increase or decrease of earwax and that may be considered as disease. It often causes pain in the ear or produces hardness of hearing. So it must be treated.

Treatment: If the earwax is increased it is better to give warm water injection to the ear to remove the wax. Injection should be given gently and not with undue force.

Carboveg is one of the best remedies for excess of earwax. Right ear is more affected. Fetid sanious pus comes out.

Conium—Wax as fetid paper is in the ear. Mucus and pus coming out. Hard hearing better by going out.

Silicea is an efficient remedy. Hard hearing, especially human voice. Aggravation during full moon.

Sulphur.—Hard hearing, human voice. Paroxysmal hardness of hearing, various sounds in the ear.

Elaps cor—Fetid earwax, stoppage of sound, wax of dark reddish color.

MASTOIDITIS.

It is a very painful disease, originating generally from pus in the ear; sometimes it assumes a serious form even the brain may be affected.

Causes. Causes are various. Exposure to cold, extension of inflammation from the middle ear. Syphilis and other kindred diseases of the ear.

Symptoms Pains are excessive, darting, burning, throbbing in character. Fever is noticed at first. Swelling and formation of abscess behind the ear which bursts and causes caries or necrosis of the mastoid process and the neighbouring bone.

Treatment. In the beginning it is easy of cure. A few doses of Belladonna or Mercurius sol effect a speedy cure. Parts red and swollen, intense pain and fever. Belladonna is the remedy. When swelling increased, exudation is formed considerably and an abscess formed, Merc sol is to be thought of. Nocturnal pains and excessive, debilitating sweat. We have derived much benefit from Capsicum which is useful from the beginning to the advanced stage. Maddening

pain is mitigated with a few doses of the 6th or the 30th petency. Bone behind the ear is swollen and painful. Pain aggravated by touch or at night ; pus in the ear, chilliness and fever. Even the involvement of brain is benefited by it.

For bone affection, fetid pus, and general uneasiness Silicea is the best. Higher potencies are better.

Aurum is also a good remedy especially for necrosis and caries of bone. Scrofulous and syphilitic patients are benefited by it. Nourishing food and fresh air are necessary.

THE HOMEOPATHIC AGGRAVATION AND AMELIORATION.*

By HAROLD FERGIE WOODS, M.D.Brux.. M.R.C.S., L.R.C.P.,

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The lectures on Homeopathic Philosophy now being given by Dr. Weir deal fully with this question of the aggravation and amelioration, and I have nothing new to offer on the subject. So I propose to make this paper rather like the ideal aggravation—short and sharp.

I will deal almost entirely with the aggravation, as if you take care of the aggravations the ameliorations will take care of themselves,

* A paper read on December 4, 1919.

One finds in practice that the idea of the primary aggravation is quite widespread and acceptable. Patients will say, "I know one must be worse before one is better."

Let it be noted that the aggravation followed by amelioration is not confined to homeopathic therapeutics. In various forms of "nature cure," by baths, packs, diet, &c., improvement is frequently preceded by a sharp, sometimes violent, aggravation of symptoms

What *is* the aggravation ? One may speak of it as the resistance offered by the diseased cells to the curative agent. But that does not help us much. As to what actual chemical and biological changes take place in the cell during the aggravation and subsequent amelioration, I will leave wiser men than I am to explain.

An analogy strikes one. When that curious disease known as spring-cleaning attacks your consulting-room, certainly the first state of that room is worse than the last. Every single cell of the room seems turned upside down, and the place for a time looks like nothing on earth. Incidentally, the aggravation is not confined to the *room* ! But when the healing forces have had time to work, the disorder calms down, and distinct amelioration is noticed. As a rule, however, there will be found to have made their appearance some new symptoms needing further treatment, such as books upside down, articles out of place. When these have cleared up, the amelioration

will be found to be lasting—for one year. But this is digression.

What are the factors influencing aggravation of symptoms ? They may be divided under three heads : (1) the patient ; (2) the disease ; (3) the remedy and the potency.

(1) *The Patient.*—It is difficult to put into exact words the kind of patient that is apt to react vigorously and the kind that is sluggish in response to the remedy. Put briefly, the coarser and more material the type of patient, the less sensitive to medicine and *vice versa.* The frail, *spirituel* type of patient is the one you have to be careful of when using the potencies

Liability to aggravation seems to increase (other things being equal) with increasing age. Children are not so likely to suffer from aggravations as older patients, probably for two main reasons : (i) they have more superabundant vitality ; (ii) they are less likely to have diseases involving structural change. Old age becomes more liable to aggravations for converse reasons : (i) less vitality ; (ii) more frequent structural change. So much for the patient.

(2) *The Disease*—The more organic change present in the patient, the more the liability to aggravation.

A purely functional complaint without any organic change (if such a thing be possible, which I doubt) will yield to the remedy without any aggravation.

As one would expect, the chief danger of aggravations lies in the chronic diseases, e.g., cancer, tuber-

culosis, rheumatoid arthritis. In these deep-seated complaints, even a comparatively low potency may aggravate severely. My two worst aggravations have been, one in a case of undoubted cancer, the other in a case that had also been diagnosed as cancer.

The former was in an elderly woman attending out-patients with advanced cancer of the rectum. A dose of lyc. 30 was given, not with any idea of cure, but with the object of relieving the severe pain of which the woman complained. A day or two after taking the dose the patient was seized with severe and continuous diarrhœa and became extremely exhausted. Patient and friends thought she was going to die. She pulled through, however, and in a few weeks was much stronger than before, and the pain almost entirely disappeared. She had a second dose of the same remedy in the same potency some months later and then unfortunately I lost sight of her.

The second case was one that I have previously published—of a middle aged woman with continual pain in the stomach, vomiting and wasting. Her local doctor diagnosed cancer, and refused to continue attending her, as she declined operation. She also received lyc. 30. A day or two after, she had a great and alarming increase of vomiting and pain, and collapsed to such an extent that she was given up. But symptoms subsided and the patient recovered, and gained strength and weight. She remained well and free from pain and vomiting for some years and then I lost touch with her.

Another frequent source of severe aggravation is the chronic headache. One must suppose that there exist actual organic changes in the brain tissue in some (if not all) of these cases.

If this be so, it is only natural to suppose that nerve cells would be particularly sensitive to the action of the right remedy.

Skin diseases, again, often react violently to the remedy. This may be because the system is already in the process of throwing the disease outward, and so the process is the more easily quickened by the appropriate aid.

(3) *The Remedy and the Potency* —I jotted down at random the first half dozen remedies I could think of, which I associated with the greatest aggravations. These are lycopodium, lachesis, natrum mur, sulphur, silica, phosphorus, in the order in which I thought of them

It will be noted that they are all the so-called "polychrests" This is what one would expect, as the polychrests are much more frequently used, especially in chronic diseases, than the lesser known remedies, and also they have been better proved, and so can be more closely fitted to the symptoms of the patient. The closer the correspondence between remedy and patient (i e., the nearer the remedy to the simillimum) the more likely the aggravation.

Now, our remedies are taken from all three kingdoms—animal, mineral and vegetable Of these, perhaps the minerals produce more aggravations than the other two, for the same reason that white sheep eat

more than black—because there are more of them—at least more of them used in chronic complaints. But you have to be very careful with the animal poisons.

It is curious that the first three remedies in my haphazard list of six are respectively vegetable, animal, and mineral.

The nosodes are in a class by themselves. Those related to the deeper-seated diseases need careful handling.

Then there is the question of potency. Curiously enough, the liability to produce aggravation does not seem to increase *pari passu* with the rise in potency. Those who use the high potencies will probably agree that the most dangerous potencies as regards aggravation are the 200 and 10m. There are apparently curves in the increase of power by potentization, and the 200 and 10m are on the summit of two successive curves, while even the Cm does not mount to the same height.

One can get aggravation following the administration of a single dose of φ, but as in such a case the crude drug effect is present, as well as the purely therapeutic action, it is difficult to separate the two. Thus, briefly, the factors affecting the homeopathic aggravation.

Now how may one interpret the aggravation? Well, to do this, it is necessary to take into account what follows the aggravation. This question again has been fully dealt with in the Compton Burnett Lectures, so I will but briefly indicate the principal

events that may occur in connection with the aggravation, and their meanings. The meanings I give are not the only ones possible, but are the most important to remember. For what follows, I am indebted almost entirely to the late Gibson Miller's "Synopsis of Homeopathic Philosophy."

(1) A short, sharp aggravation, followed by a long lasting amelioration ; this means that the patient is curable, and that remedy and potency were right.

(2) A long aggravation with a long delayed improvement This case was almost incurable. Wait long before repeating.

(3) A long aggravation, then a steady fall in the patient's strength. The case is incurable, or if just curable the potency was too high for the patient's feeble reactive powers.

(4) A sharp aggravation with a very short amelioration Case incurable.

(5) Quick amelioration, then aggravation. If the remedy was right, the case is incurable ; if the remedy was not right, it may have acted merely as a palliative

(6) Each new remedy causes amelioration, followed by the appearance of new groups of symptoms. Case incurable ; usually in the old and feeble.

(7) Aggravation, followed by return of old symptoms Prognosis favourable, if no interference.

(8) Amelioration, but in superficial parts, while deeper symptoms are intensified ; wrong medicine, must be antidoted at once.

(9) Aggravation from every medicine, the patient proving each drug. The patient is a sensitive, and had better give up Homeopathy and try Christian Science !

(10) Physical amelioration, with mental aggravation. Case incurable.

These are the ten commandments of the Law of Aggravation, which if any man break, he himself shall be broken, and his patients with him.

Addendum.—The probability of an aggravation in any given case appears to be rendered less when the remedy is given in several doses repeated at intervals of a few hours than when a single dose is administered.

A repetition of the same potency when symptoms demand another dose rarely occasions any appreciable aggravation.

—*The British Homeopathic Journal.*

DISEASES OF THE NOSE.

Rhinitis.

Mucous membrane or a follicle of the nose is inflamed, and this is called Rhinitis.

Symptoms. When the whole mucous membrane is affected, it becomes severe catarrh of nose but when a follicle is affected, it becomes an abscess. Then it becomes very painful ; with it there is constant sneezing, headache and heaviness, chilliness and sometimes actual fever. Deafness is the result, when eustachian tube is affected. Nose is swollen, burning and redness.

Treatment The first medicine to be thought of is Aconite. It cures at once. Restlessness, fever, constant sneezing are the symptoms. Belladon is our next medicine, with it there are severe symptoms. Headache, pulse small and frequent, and fever.

Allium Cepa is a very nice medicine in the commencement of the disease. Watery fluid, nose-burning and ulcerated sneezing. The catarrh extends to the air passages and cough results.

Camphor—It is useful in the very beginning. Feverish, restlessness, water coming out from the nose.

When Rhinitis assumes rather a sub-acute or chronic form, the following medicines deserve mention.

Pulsatilla is beneficial when pus comes out. Feverish in the afternoon. Better in open air. Azadirecta is very good in afternoon paroxysm with cough, oozing of watery fluid, sneezing and fever. Burning of head and feet.

Mercurius—Thick and tenacious pus, pains aggravated at night, heavy head, copious sweat.

Kali bich—Stingy mucus comes out, tongue coated yellow, cough.

Hydrastis—Sticking and tenacious mucus. It is better when posterior nares are affected.

Sambucus—Hepar sulph, Sticta, Sanguinaria, Euphrasia, and Kali sulphuricum should be thought of.

Catarrh or Coryza.

It is always found everywhere and known to every body.

Its causes are exposure to cold and inhalation of dust, gas and such other injurious substances.

Treatment is the same as that of Rhinitis acutus as described before.

Some people are subject to cold and catarrh. For them Dulcamara and Calc c. are the best preventive. When it originates in deep constitutional dyscrasia, Tuberculinum or Bacillinum is the best

Hepar sulph is also to be thought of. In the beginning Nux vom is the best.

OZÆNA.

It is a chronic form of catarrh

Pus is formed and let out in more or less quantities.

Aurum met is the first medicine to be considered. Nose red, swollen and painful ; ulcers inside, even the bones are affected. Thick, yellow or greenish pus comes out after bad smell from the nose.

Calc carb—Fetid, thick, yellow or green discharge from the nose, nose stopped at night. Aggravation in the morning.

Kali bich and Iod are very good for chronic form of the disease. Merc, Nitric acid and Arsenic should be thought of.

EPISTAXIS.

Nose-bleed is often observed from various causes. It is also sometimes very dangerous to life.

Causes are various. It is hereditary. I know of a nobleman who had alarming nose-bleed and with

great difficulty I had been able to cure him. He said his father used to get such hemorrhage. Congestion of nose and head often leads to nose-bleed. Injury to the part plays an important part in this disease.

Treatment. When caused by cough of head and nose, Belladonna is the best remedy. Nux vom may be required if Bell partially relieves. Dr. Hempel advised Gelsem and Verat vir. If the blood is blackish and headache prominent, Lachesis is the remedy. Failing this, either China or Secale cor is required. Hamamelis for venous blood. The above case of the nobleman was cured by Erigeron. His blood was bright red. This case was given up by the allopathic doctors as the hemorrhage was alarming.

Calc c., Sulphur and Nitric acid may be consulted.

POLYPUS OF NOSE.

There are two kinds of polypus found in the nose, the soft and hard or fibrous.

Symptoms. Various symptoms are observed in this disease, principally the catarrh and obstruction of the nose. There may be found growth like small beetle-nut, either soft or hard. Bleeding is one of the chief and alarming symptoms.

Treatment We have treated many cases of this disease with success. Calc. c. is the great remedy, especially if it originates from cold and catarrh of the nose. In our ealier practice we used to give the 6th or 12th potency, but now we find 200th or higher is the best.

Sanguinaria is a very efficacious remedy, especially if it is attended with headache and discharge of bright red blood. External application of the mother tincure often expedites cure

We have got great benefit from Teucrium 3x or 6x.

In suppuration of the growth Merc Iod or Silicea is of great help. In a case of an elderly lady where the growth was sloughed off and where there was much fetid smell, Kali bich 30 gave us help.

Phosphorus, Thuja, Acid nitric may be thought of.

DISEASES OF THE FACE.

Appearance of face often indicates various states of the disease in general. It is the duty of the physician to observe it carefully. Thin emaciated face, extended eye-brows and bright and glistening eye are signs of tuberculosis.

In earlier years of life thick nose and lips indicate scrofula. In albuminuria the swollen eyelids and anemic appearance are noticed. In nervous and extreme debility sunken eyes and face and many other signs are observed and these must be carefully considered by thoughtful physicians.

Eczema of Face.

Generally nursing children often suffer from this disease. It is a nasty disease and very troublesome of cure.

Treatment Arsenic is a great remedy. Vesicular eruptions, intense itching and nightly aggravation, better by application of warmth. Calcarea c. for fat children, aggravation during new and full moon and teething.

Croton, Lycop and Mercurius are often useful.

PROGRESSIVE PERNICIOUS ANEMIA*

Pernicious anemia, or as I prefer to call it, idiopathic anemia, is a primary anemia characterized by certain changes in the blood, viz, defective hematogenesis and excessive hematolysis, independent of any disease of any of the viscera.

The blood changes are progressive decrease of the number of red blood cells even to 500,000, with an increase in size and form of the cells The hemoglobin is also reduced but relatively increased. We have changes in the composition of the plasma, the coagulability.

Etiology. The proportion of men to women is about six to four. The majority of cases occur between the ages of 21 and 42, although a few cases have been found in children and old people. Notwithstanding the fact that frequent pregnancies, prolonged lactation, hemorrhages, chronic diarrhoea, atrophy of the gastric mucosa, and such specific organisms as cercomonas globulus and cercomonas navicula, syphilis and malaria have been positively

* Iowa Homeopathic Journal, May, 1920.

declared as causes, the fact remains that the exact cause is as yet unknown.

Diagnosis. There is no pathognomonic symptom. The blood is the most characteristic condition. The diseases with which it is most liable to be confounded are jaundice with anemia, chlorosis, secondary anemias, chronic Bright's disease and Addison's disease.

Prognosis The prognosis is always grave. The few recoveries are the exceptions which prove the rule

Symptoms The onset of the disease is very insidious The locations in addition to the blood are spinal cord, heart, liver, spleen and alimentary canal The ranking symptom is the waxy, yellow color of the skin throughout the entire cutaneous surfaces The other symptoms are . muscular weakness, with muscles flabby rather than thin , dyspnœa and palpitation on the least exertion , headache , nausea and vomiting ; hemorrhage from the nose, the ear, the uterus , pulse full but very compressible ; hemic murmurs are constant ; air hunger is marked ; edema , extreme languor and marked prostration. There may be delirium and other mental manifestations towards the end.

Treatment Although it is true that not more than one patient in 1,000 suffering from pernicious anemia is ever cured, yet by proper treatment life is prolonged, and what is better still, the patients are made more comfortable while they live. The treatment is medicinal, dietetic and by infusion

Picric acid. This rem[illegible] effect-ive in accomplishing the results we have suggested. To illustrate by a case ;. Mr. A. B., aged 45, came from Denver to Iowa City to die among his folks and old neighbours. He came to my clinic presenting the following symptoms : Red blood cells 960 000, a large number of broken down cells, per cent hemoglobin 70, the color of the skin was lemon yellow, the body, though plump, was blanched and waxy in appearance, the mucous membrane of the lips, tongue and mouth were bloodless, the least emotion or exertion dyspnoea and palpitation. He had a severe occipital headache also increased by mental exertion, frequent attacks of epistaxis, a marked trace of albumin in the urine, the stools were diarrhoeic, his appetite was variable, at times ravenous, at other times lost, pulse rapid and soft.

He had been given less than a month to live. He was put upon picric acid 3rd, three grains every three hours, six doses daily. His diet was bone-marrow in milk, baked apples and baked potato, using as much of the skin as possible, unfermented grape juice, fish, the butter fats and fruits. No tea or coffee. A good amount of fresh water. Infusion of normal salt water two pints at a time at first once a week. He began to improve after six weeks. He considered himself normal at the end of ten months. He returned to his business in Denver and was well for a little over seven years when the old symptoms returned and he lived less than three months.

Arsenicum Alb. This is the second best remedy. The rapidity of the course, the excessive debility and the irritability of the alimentary canal as shown by the vomiting and diarrhoea are the leading symptoms.

Phosphorus. Phosphorus will give relief if there is hemorrhage from any organ, but especially from lungs or uterus. It shares the honors with arsenicum when there is fatty degeneration of liver or heart.

Infusion and transfusion. I have seen both the methods used in the few cases I have cared for and in some under the care of others. I have never seen any benefit from transfusion of blood. I have seen good results from the infusion of the normal salt solution.

Diet. As in all other conditions you must individualize. The diet which helped the Denver patient utterly failed when tried on the next patient. However, foods rich in phosphorus have been the most beneficial.

SECONDARY OR SYMPTOMATIC ANEMIAS.

Anemias caused by the loss of blood from hemorrhages or from changes in the composition of the blood, the result of septic, malarial or other poisons. They are found in the course of a large variety of morbid conditions. The diseases giving rise to the anemias are : the exhausting and malignant, those of alimentation and nutrition, and the constitutional, such as tuberculosis, syphilis, etc.

Acute Anemia from Hemorrhage.

Etiology. As stated above, the predisposing cause may be any of the diatheses; while the exciting cause may be any of the following: trauma of the veins or arteries, rupture of an anurysm, post partem or tubal pregnancy, ulceration of uterus, stomach or intestines, varicose veins, epistaxis, hemorrhoids, menorrhagia and metorrhagia, also prolonged lactation, chronic diarrhoea, etc.

Symptoms. The blood changes are not so marked as the numerous causes would lead us to expect. We have a diminution of red blood cells with a relative proportion of decrease in the percentage of hemoglobin. The proportion seldom varies as in pernicious anemia, the exception being in t. b c. cases. The number of white blood cells is always relatively increased and sometimes is in reality greater than normal. The size and shape of the red blood cells varies greatly, the variation being greater as the number is lessened. We find the blood hydremic, the water coming from other tissues and organs. The specific gravity is lowered. The leucocytes are slightly increased, as are also the monoculears, but the polymorphonuclears are decreased. In the most severe cases there is no leucocytosis; few nucleated cells; no effort made to regenerate the blood. The urine is albuminous a few hours after a severe hemorrhage. We find both the skin and mucous membranes edematous and paler than normal in colour.

From the nervous system we get: headache, vertigo, faintness, insomnia, vaso-motor disturbances, irritability, and mental weakness.

From the gastro-intestinal canal: anorexia, dyspepsia, nausea, vomiting and constipation.

From the circulatory system: dyspnoea, palpitation, arythmia, edema and serous effusion.

From the genital system: impotence amenorrhoea and menorrhagia.

Treatment. This should be divided into two classes: emergency or temporary and permanent or constitutional. Under the first: absolute quiet and a large amount of fluids. Among the fluids I have found unfermented grape juice the best. The fluids will reduce the headache and thirst. This treatment covers the period of time which elapses after you have controlled the hemorrhage and the time when the condition caused by the hemorrhage has become established. The best remedies for this period are the tincture of china and saline infusions.

Your later treatment should include the indicated remedy for the diathesis and the indicated hygienic measures for building up the impaired tissues and organs. A well proportioned diet rich in iron and phosphorus should be selected. Gradually increasing exercise may be permitted if under proper supervision.

MEDICINES.

China. For acute secondary anemia due to loss of blood caused by trauma or lack of tonicity of the

uterus, china is by far the most frequently indicated remedy. Note the following: "Headache as if the skull would burst, brain beats in waves against the skull" "Vertigo agg. by motion, amel. lying down and by quiet." "Sensitive to all noises." "Combing the hair is painful." "Weakness, fatigue, ringing in ears, dropsy, profuse perspiration during sleep, abnormal appetite, feces of undigested food."

How shall we use china? To check hemorrhage and for the first period following it I use the tincture. Give ten drops in a dram of water every 15 minutes. After the hemorrhage has ceased give five drops of the 1st in a dram of water every three hours. I find that a pint of grape juice in an equal amount of water given during the first twenty-four hours an excellent adjuvant to china. For the chronic cases with the above history give the 30th fifteen minutes before each meal and at bed-time.

Chininum ars. Next to china the most frequently called-for remedy, in my experience, is its compound chinninum ars. It is most useful for patients suffering from the after effects of postpartem or traumatic hemorrhages when in addition to loss of blood have or have had sepsis. It has most of the symptoms found in the china group. The ranking symptoms are "Profuse and exhausting sweating when asleep," and the "Steeple chase temperature," which varies from 97 to 107. Give five grains of the 3rd for eighteen to twenty-four hours, after that gradually lengthen the interval

Arsenicum alb. for anemia following typhoid fever, or intermittent fevers during which there has been some hemorrhage but more diarrhoea, also after dysentery with a large amount of blood in the stools. The ranking symptoms for arsenicum alb in anemia are "Inability to retain either food or drink," 'because of irritability of the stomach,' 'great restlessness,' and the peculiar "dark green, watery mucous or bloody stools." I generally use the third. Broths and soups agree with the arsenicum patients better than milk or grape juice.

Arsenicum iod. If in addition to the symptoms listed under arsenicum alb. the liver is enlarged and tender, and the stools loose, yellow and agg. by every motion. Give five grains of the third or sixth every three hours.

Ferrum phos. For the t. b c. and neurotic diatheses the patient's skin and mucous membranes are pale but become scarlet red under the least excitement; the hemorrhage has been from the lungs or perhaps from the stomach; the stools are yellow, watery or may be lienteric; the pulse is very rapid and weak; an acute, spasmodic, tormenting cough is present in a majority of the ferrum cases. Give the 12th or 30th four or five times daily.

Phosphoric acid. Rarely indicated for anemia due to loss of blood unless at the same time there has been excessive sweat, seminal emissions or profuse chronic diarrhoea. Weakness and apathy are the most prominent sensations; a physical weakness with a mental inactivity. All the senses are impaired;

hearing difficult, with ringing in the ears, sour eructations, abdomen distended with gas, stools thin and whitish gray. Give the 30th. Make the diet rich in phosphorus. I often have these patients take Horsford's acid phosphates as a drink (food), when they take phosphoric acid as the medicine.

Nux vomica. This remedy has helped patients suffering from acute affections of the alimentary canal. You find severe headache, mostly in the frontal region, agg. in the morning, ineffectual urging to stool; the con agg. by the use of coffee; anorexia, nausea, eructations of gas and vomiting of sour ingesta; mental irritability and depression. I use the 30th, often the higher potencies. Cut out coffee and foods rich with condiments.

—*The North American Journal of Homeopathy.*

HAHNEMANN ON HOMEOPATHIC PHILOSOPHY *

By JOHN WEIR, M. B., Ch. B. Glas.

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Having said one's say so often on homeopathic philosophy, and having already presented a paper to the Society on the subject, it becomes somewhat difficult to present it in a new form

But when I was told that owing to its importance, it cannot be too frequently repeated ; that it is what prescribers need more than anything else ; one did not like to refuse.

Many people have an idea that homeopathic philosophy originates with Kent. Kent merely restated it, in his forcible way, and made it live again. Kent said that he "had added nothing, and discovered nothing." To-day we will leave Kent out of the question altogether, and go back to Hahnemann, and try to show that by obeying his dicta, similar results to his own can still be got by anyone, in any place, who will faithfully obey the laws of cure which he set forth after such long and patient experiment, observation, and experience.

N B—With the exception of two short paragraphs from Hering's Preface to the "Chronic Diseases," all the quotations which form the bulk of this paper are from —

Hahnemann's "Organon," Wesselhoeft's Translation ("Org ")
Hahnemann's "Chronic Diseases" ("Chr. Dis.")
Hahnemann's "Materia Medica Pura" ("M M.P.")

* A paper read to the British Homeopathic Society, May 6, 1920.

In regard to old-school medicine and homœopathy, Hahnemann says :

"Do old antiquated untruths become anything better—do they become truths—by reason of their hoary antiquity ?

"Is not truth eternal, though it may have been discovered only an hour ago ? Does the novelty of its discovery render it an untruth ? Was there ever a discovery or a truth that was not at first novel ?" (M M.P , vol. ii, p. 39)

First , wherein does homeopathy differ from allopathy ? Allopathy studies diseases, and describes them with great care and minuteness. It lays its greatest stress on diagnosis and prognosis.

Allopathy also studies drugs ; makes great experiments in regard to their action ; notes carefully their effects on the different organs and tissues—especially on animals.

[Note, Hahnemann's experiments are far more conclusive, since they were all made on healthy human beings.]

"The accurate knowledge of the pure, peculiar, morbific effects of individual drugs on the healthy human subject can alone teach us *in an infallible manner* in what morbid states, even if they have never previously been seen, a medicine, accurately selected according to similarity of symptoms, can be employed as an unfailing remedy that shall overpower and permanently extinguish them." (M.M.P , vol, ii, p 131)

But for all its studies in disease and in drugs

allopathy has nothing to guide it, as to the curative relation between the two ; and it is Hahnemann only who has supplied the missing link.

As he says, "It was high time that God mercifully permitted homeopathy to be discovered." (Org , p. 42).

Wanting this, allopathic therapeutics have had to run on the lines of purgation, diaphoresis, salivation, stimulation, analgesia, &c. . . until lately, when vaccine therapy came along to give new stimulus to medical ideas. And, as Dr. Bach has lately expressed it, in his brilliant little paper to the Society, "Science is now proving Hahnemann in detail," and "to him should fall all the honour for having anticipated science by more than a century."

For Hahnemann, in his "Law of Cure," established, for ever, the relation between drug and disease ; and made Materia Medica scientific.

He recognized first of all, that cure can only come by the stimulation of vital reaction against disease.

He talks of medicines "administered in simple form at long intervals, in doses so fine as to be just sufficient, without causing pain or debility, to obliterate the natural disease, *through the reaction of the vital energy* " (Org , Preface)

And says that "curative effects are speedy and certain in proportion to the energy of the vital force of the patient " (Org., Preface)

He was the first, by nearly a hundred years, to insist upon—

The "like" remedy.
The single drug.
The single dose.
Initial aggravation.
Non-interference with reaction.
Potentization.

To him, "the only natural law of cure, *similia similibus curantur*" (Org., p. 42) was no mere "rule", but THE GREAT LAW OF HEALING.

"Every hypothesis," he says, "no matter how skilfully worded, will lead to the most palpable inconsistencies when it is not founded on truth." (Org., p. 52.)

"Through observation, thought, and experience, I learnt that, contrary to old allopathy, the best way to cure is to be found by following the proposition: *In order to cure gently, quickly, unfailingly and permanently, select for every case of disease a medicine capable of calling forth by itself an affection similar to that which it is intended to cure.*" (Org., p. 43.)

"Genuine, gentle cures are accomplished only by the principle of homeopathy. . . This principle . . . furnishes the only method enabling human skill to cure diseases with great certainty, rapidity and permanency: because this curative method rests upon an eternal, infallible law of Nature. (Org., p. 91.) A drug "*can only cure in virtue of its symptoms being similar to those of the case of disease, and that it could not fail to cure it in accordance with the eternal homœopathic law of nature.*" (M.M.P., vol. ii, p. 658.)

"There is no agent, no power in nature capable of morbidly affecting the healthy individual, which does not at the same time possess the faculty of curing certain morbid states." (M.M.P., vol. i, p. 9)

"Medicinal substances in producing morbid changes of the healthy human body, act in obedience to fixed and eternal laws of nature, by virtue of which laws they generate certain definite morbid symptoms and each drug produces particular symptoms, according to its peculiarity" (Org, p. 122)

Again he says, "Homeopathy is a simple art of healing, unvarying in its principles and in its methods of applying them. (Org, Preface)

"Since this natural law of cure has been verified . . . by every pure experiment and genuine experience, and has thus become an established fact, a scientific explanation of *its mode of action* is of little importance" (Org, p. 74)

The need for the "like" remedy is proved even in vaccines As Dr. Bach puts it "In vaccine therapy, as in homeopathy, the remedy must be like' It would be useless to use a streptococcus to cure typhoid or a staphylococcus for dysentery, &c"

As Hahnemann puts it, "In the permanent cure of disease . . . Nature seems never to act otherwise than in accordance with these her manifest laws, and then indeed she acts—if we may use the expression—with mathematical certainty" (M M.P, vol. i, p. 17.)

". . . by the homeopathic method . . . we

select a drug which should possess the power . . . in a higher degree than any other . . . of producing an artificial morbid condition most similar to that of the natural disease." (Org., p 73.)

"Those morbid disturbances, called forth by drugs in the healthy body, must be accepted as the only possible revelation of their inherent curative power. Through them only we are able to discover what capacity of producing disease—and hence what capacity of curing disease—is possessed by each individual drug' (Org., p. 71.)

"We only require a series of pure experiments to decide what medical symptoms will always rapidly and permanently cure and remove certain symptoms of disease, in order to know beforehand, which of all the different medicines, known and thoroughly tested as to their peculiar symptoms, must be the most certain remedy in every case of disease" (M. M. P., vol 1, p 9)

"Drugs manifest no other curative power except their tendency to produce morbid symptoms in healthy persons, and to remove them from the sick" (Org., p 72)

As to the range of homeopathic drugs . . .
'There is no agent, no power in Nature capable of morbidly affecting the healthy individual, which does not at the same time possess the faculty of curing certain morbid states' (M M P, vol 1, p 9)

'The day will dawn, when physicians will employ for the extinction and cure of disease whose symptoms

they have investigated, one single medicinal substance, whose positive effects they have ascertained, which can show among these effects a group of symptoms very similar to those presented by the case of disease." (M.M.P., vol. i, p 2.)

"Medicines should be distinguished from each other with scrupulous accuracy, and proved by pure and careful experiments with regard to their powers and true effects upon the healthy body. For upon the accuracy of this proving depend life and death, sickness and health of human beings; . . . for the unerring selection of remedies is the only condition for the speedy and permanent return of health of body and soul, the highest gift bestowed on man." (Org, p. 125.)

" . Crude medicinal substances, if taken by an experimenter for the purpose of ascertaining their peculiar effects, will not disclose the same wealth of latent powers, as when they are taken in a highly attenuated state, potentiated by means of trituration and succussion Through this simple process the powers hidden and dormant, as it were, in the crude drug, are developed and called into activity in an incredible degree" (Org, p. 1^8)

(To be continued)

—*The British Homeopathic Journal*

THE INDIAN
HOMEOPATHIC REVIEW:

A monthly journal of Homeopathy and collateral sciences.

"The knowledge of disease, the knowledge of remedies and the knowledge of their employment constitute medicine."

—HAHNEMANN.

XXX.] FEBRUARY, 1921. [No. 2.

TUBERCULOSIS.

Bacillinum is a very useful remedy in cases of phthisis pulmonum. I have used both Tuberculinum and Bacillinum in such cases with benefit. Higher Potencies and infrequent doses are necessary; otherwise aggravation results

In acute cases I use Bacillinum and in chronic cases, Tuberculinum and other remedies.

Dr Rovirata of Berceloua says that Bacillinum in acute cases and Psorinum in chronic cases are useful. The character of Bacillinum is its rapid action. If it does not produce effect soon, no use of repeating and trying it longer. As a rule it is efficacious in simple, non-complicated and not in too advanced cases of pulmonary phthisis.

This I also observed in very many cases. Once I cured a young man suffering long from malarial fever, who became anemic and whose catarrhal

symptoms appeared exactly as if he was suffering from phthisis Bacillinum 200 cured him thoroughly.

TOOTHACHE.

Arania d.—Toothache worse in damp weather in bed and in the morning

Bryonia Toothache of Rheumatic origin, and from cold. No decay in teeth, more than one tooth are affected Relief from firm pressure or application of cold water.

Coffea—Excessive pain makes the patient mad relief from application of cold water.

Ratanhia—Toothache at night compelling the patient to sit up and walk about. Dr Lippe cured a case with this remedy.

Chamomilla- Nervous cases, cold water relieves. In children and mostly at night.

Ignatia– Toothache worse during eating.

Magnes c—Toothache of pregnant woman, pains worse at night and force the patient to get up and walk about

Merc sol—Worse at night in bed decayed teeth and ulcers in gums inflamed gums. It has more direct action on the dentine Pains tearing and pulsating shoot into the face and ear. Dirty gums with white edges. We cured more cases of toothache with Merc sol.

Rhustox —Toothache worse by cold and relieved

By warm application. Teeth feel loose or as if they were too long and as if asleep. The gums were sore as if ulcerated.

Antim. crud—Decayed tooth, sensitive and tender, worse after food.

Plantago—Toothache with earache. Sharp pain from decayed teeth. Pyorrhœa. External application of mother tincture gives immediate relief.

LEPROSY

Anacardium—Intense itching and burning. White spots here and there. Loss of sensation Mental symptoms.

Arsenic—Very useful remedy. We have cured white leprosy with it by using both lower and higher potencies. Burning, elevated red spots, dry rough scales worse by cold applications.

Bacillinum—We have cured two very bad cases with Bacil 200, once a week and many cases have been benefited Constitutional symptoms. One inherited case also derived benefit from it

Hydrocotyle—We use both externally and internally. Dry variety, no ulcers formed.

P. C. MAJUMDAR, M. D

Clinical Cases.

P. C. MAJUMDAR, M. D.

I.

Dyspepsia—An elderly gentleman had an attack of indigestion for some time and had been treated homeopathically ever since with partial relief.

In the month of February, 1918, he had a strong attack, attended with pain in stomach, copious water from the mouth and alternate constipation and diar rhœa. His friends and relatives advised him to take either allopathic or kobiraji medicines, but he was a staunch homeopath and refused to act up to their counsel. He came to me and on careful questioning I found he had great distress when the stomach was empty and better for a time after taking food. As soon as his digestion was complete, he commenced to feel gnawing pain in stomach and considerable pyrosis. I gave him a dose of Anacardium 200 one morning and he got immediate relief of this sensation. Watering from the mouth was considerably less.

I waited and noticed further improvement day by day and complete cure took place. I saw him six months after and he was eating his food all well and no further trouble in empty stomach.

II.

Babu A. Mukerji, about 48 years old, fat and plethoric looking, had been suffering from dyspepsia

long. Had renal colic and passed renal calculi which were cured by Sarsaparilla 6x.

Urine contained now about 13 grains of sugar, with high specific gravity (1034.) Constant passing of large quantity of urine.

Much flatulence and troublesome acidity. Bowels regular. Burning of the skin and much thirst.

He was taking Phosph acid for some time without much benefit Had got slight Locomotor Ataxy.

He came to me on the 6th July, 1919, and I gave him a dose or two of Acid Phos 200, but no benefit. On the 19th July he came again. Burning and thirst the same. Argent met 30, one dose every morning.

6th August. Feeling much better in every way. Continued medicine.

In this way he was doing better every day, but still he was not cured.

I gave him a dose of Argent met 200 and the cure was complete in a few days. Strange to say that his Locomotor Ataxy was also much better for which he formerly took many homeopathic medicines without any effect.

III.

A young woman, aged 20, strong and of robust constitution, had been suffering long from leucorrhœa. Menses profuse and frequent, that is twice in the month. She had acidity and heart-burn occasionally and was subject to cold on slightest exposure to cold.

The discharge was greyish white in color and more during the time of the menses and sometimes during full and new moon. There was no bad smell in the discharge, sometimes shreds of mucus came with leucorrhœa.

Allopathic and homeopathic medicines of various kinds had been tried without much benefit. I was consulted on the 13th of June, 1912. She had a child born about 5 years ago and since then there was no issue. Not much pain either in the time of the menses or when the leucorrhœa was on the increase.

Calc. c. 200 one dose had a marvellous effect in every way. She improved greatly in health and discharge was almost none. No medicine.

After two months she had a slight discharge during the full moon. I gave her another dose of Calc c but in higher potency viz, the cm which cured her for good, Three years after this cure she gave birth to another male child.

HAHNEMANN ON HOMEOPATHIC PHILOSOPHY.

(Continued from page 32, No 1, Vol. XXX)

"For the provings of medicines on healthy individuals, dilutions and dynamizations are to be employed as high as are used for the treatment of disease." .. .. (M. M. P, vol. i. p. 20.)

"The very small doses" (of homeopathy) "produce

the uncommon effects they do, just because they are not so large as to render it necessary for the organism to get rid of them by the revolutionary process of evacutions" (M. M. P., vol. i, p. 3.)

"Some symptoms are frequently produced in many healthy persons who try them: others are produced in but a few . others again are extremely rare." (Org , p 124.)

Drugs should be tried only upon healthy, but sensitive and susceptible persons." (Org., p. 126.)

"A 'Materia Medica' ... .. should exclude every suppositon, every mere assertion and fiction. Its entire contents should be the pure language of Nature, uttered in response to careful and faithful inquiry." (Org , p. 134)

"The physician's highest and *only* calling is to restore health to the sick, which is called Healing." (Org., p. 65)

"The highest aim of healing is the speedy, gentle, and permanent restitution of health or alleviation and obliteration of disease in its entire extent, in the shortest, most reliable, and safest manner, according to clearly intelligible reasons." (Org., p. 65)

"The physician observes deviations from the previous healthy condition of the patient, felt by him, recognized upon him by his attendants, and observed upon him by the physician. All of these observable signs together represent the disease in its full extent ... ..." (Org., p. 66.)

'In a disease presenting no manifest exciting or

maintaining cause, for removal, nothing is to be discerned but symptoms. These alone (with due regard to the possible existence of some miasm ... ...) must constitute the medium through which the disease demands and points out its curative agent. Hence the totality of the symptoms ... ... must be the chief or only means of the disease to make known the remedy necessary for its cure ... ..." (Org, p. 67.)

" ... ... the least remains of a germ may eventually reproduce the full disease." (Chr. Dis., p. 172)

"Besides the totality of symptoms, it is impossible to discover any other manifestation by which diseases could express their need of relief." (Org., p. 70)

"Distinct, sensible manifestations of disease, plainly appealing to us through symptoms, are contemptuously rejected as unworthy objects of cure. Does a cure remove anything besides these ?" (Org., p. 188.)

"When a physician has succeeded in entirely removing all the symptoms, he will certainly have cancelled the internal and obscure cause of disease." (Org., p. 188.)

In taking a case, "Write down everything in precisely the same expressions used by the patient and his attendants." (Org. p. 112) (This has saved homeopathy. If provings and materia medica had been done in the language of the medical science of Hahnemann's day, homeopathy would have died out half a century ago. But the simple language of Nature stands for all time.)

Never ask a question that the patient can answer by 'yes' or 'no.' (Org., p. 113.)

Observe and discount the "temperament of your patient ... ..." "Some," he says, "particularly hypochondriacs, and other sensitive and intolerant persons, are apt to represent their complaints in too strong a light ... ..., hoping thereby to induce the physician to redouble his efforts." (Org., p. 116)

"But the shy, the modest, or timid and bashful will state their case in obscure terms; or may consider many of their symptoms too insignificant to mention." (Org., p. 116)

"... ... We merely require to jot down after each symptom all the medicines which can produce such a symptom with tolerable accuracy ... ..., and also to bear in mind the circumstances under which they occur, that have a determining influence on our choice" (modalities) "and proceed in the same way with all the other symptoms, noting by what medicine each is excited. From the list so prepared we shall be able to perceive which among the medicines covers most of the symptoms present, especially the most peculiar and characteristic ones ... ... and this is the remedy sought for." (M.M.P., vol. 1, p. 23)

"Homeopathy is absolutely inconceivable without the most precise individualization." (Org., p. 47.)

"The state of the patient's mind and temperament is often of most decisive importance in the homeopathic selection of the remedy, since it is a distinct and peculiar symptom that should least of all escape

the accurate observation of the physician" (Org., p 158.)

"One of the chief symptoms in disease is the state of the disposition." (M.M.P., vol. i, p. 21.)

"Particular attention should be paid to the symptoms of the disposition, so that they should be very similar." (M.M.P., vol. i, p. 26.)

" ... ... each medicinal substance affects the mind in a different manner." (Org., p. 158.)

Regarding the grading of symptoms, Hahnemann says: "The more *prominent, uncommon, and peculiar* characteristic features of the case are especially, and almost exclusively considered and noted; for *these in particular should bear the closest similitude to the symptoms of the desired medicine*, if that is to accomplish the cure.

"The more general and indefinite symptoms, want of appetite, headache, weakness, restless sleep, distress, &c., unless more clearly defined, deserve but little notice on account of their vagueness, and because generalities of this kind are common to every disease and to almost every drug." (Kent's Common Symptoms.) (Org., p. 137.)

He says that, where disease and remedy present "prominent, uncommon, and characteristic symptoms, a disease of recent date will be usually cancelled and extinguished without additional discomfort, by the first dose of the remedy." (Org., p. 138.)

"A true physician will know how to avoid the habit of considering certain remedies as favourites,

merely because he happened to find them frequently adapted to diseases, and followed by favourable results ... ..." (Org. p. 175.)

"He will remember that of all medicines *that* one only deserves attention and preference which bears accurate similitude to the totality of the characteristic symptoms of the case; and that paltry prejudices should never be allowed to interfere with the serious deliberation demanded by the choice of a remedy." (*Ibid.*)

"The best time for taking an antipsoric remedy is in the morning before breakfast. "The powder may be taken dry upon the tongue (in this case the medicine acts less powerfully) and it is kept upon the tongue until dissolved. Or else it may be mixed with two or three drops of water, and taken in this fashion.

"The patient should wait an hour or at least half an hour before eating or drinking anything." (Chr. Dis, p. 174.)

"To increase the effect of a remedy, it may be dissolved in a large quantity of water ... ..." and he suggests it should be in some cases given in divided dose: stirring up again, to increase the potency. (Chr. Dis., p. 174.) If one considers this matter, of dissolving the remedy in a larger quantity of water, it amounts to this, that the patient receives with every dose, a couple of drachms, or whatever it may be, of the remedy in a slightly raised potency, instead of the amount that coats a few pellets. In acute cases,

especially, where rapid action is desired, most experienced physicians follow Hahnemann's method; and dissolve the remedy in a few ounces of water, for several doses.

"In acute diseases the remedies may be repeated at much shorter intervals : for instance, twenty-four, twelve, eight or four hours, and in the most acute diseases at intervals varying from an hour to five minutes." (Org , p. 172.)

"In acute diseases the time for the repetition of the proper remedy is regulated by the rate at which the disease runs its course ; here it may often be necessary to repeat the medicine in twenty-four, sixteen, twelve, eight, four hours, and less, while the medicine, without originating new complaints, continues to produce uninterrupted improvement : but where this improvement is not sufficiently marked, considering the dangerous rapidity of the acute disease, the interval must be still further lessened. Thus, in cases of cholera, the most rapidly fatal disease known to us, it is necessary in the beginning to give one or two drops of a weak solution of camphor every five minutes to insure speedy and certain relief : while in the more developed stages, we may be called upon to employ doses of cup , verat., phos , &c., every two or three hours : or to give ars , carbo.-veg , &c., at similar intervals " (Org., p. 217)

"In pure syphilitic diseases, I have commonly found one dose of merc 30 to be sufficient ... ... but not infrequently two or three doses at intervals of

six or eight days were necessary, whenever the least complication with psora was visible." (Org., p. 217.)

"The effect of a homeopathic dose is augmented by increasing the quantity of fluid in which the medicine is dissolved preparatory to its administration, while the actual quantity of medicinal substance remains the same. ... ... In using a solution of this kind, a much greater surface supplied with sensitive nerves, susceptible of medicinal influence, is brought in contact with the medicine. Although theorists may suppose that the dilution of a dose with a greater quantity of fluid would lessen the effect, ... experience proves exactly the opposite." (Org., p. 185.)

"The patient sometimes desires his physician to cure a certain troublesome symptom first of all : this cannot be done : though the ignorant patient may be excused for having made such a foolish request." (Chr. Dis., p. 172)

"As regards the short duration of the treatment of inveterate chronic diseases, this is made impossible by the nature of the malady.

"A great chronic disease may be cured in the space of one or two years, *provided it has not been mismanaged by allopathic treatment to the extent of having become incurable.* One or two years ought to be considered a short treatment." (Chr. Dis., p. 173.)

"No one but an ignorant quack can promise to cure an inveterate chronic disease in four or six weeks. ... ..." (Chr. Dis., p. 173)

"A slight homeopathic aggravation during the

first hours is quite in order, and, in cases of acute disease, generally serves as an excellent indication that it will yield to the first dose." (Org., p. 140.)

"Experience proves that *the dose of a homeopathically selected remedy cannot be reduced so far as to be inferior in strength to the natural disease, and to lose its power of extinguishing and curing at least a portion of the same, provided that this dose, immediately after having been taken, is capable of causing a slight intensification of symptoms of the similar natural disease* (slight homeopathic aggravation)." (Org., p. 182.)

" ... ... This furnishes a standard *according to which the doses of homeopathic medicine are invariably to be reduced so far, that even after having been taken, they will merely produce an almost imperceptible homeopathic aggravation.*" (Org., p. 182.)

"This so-called homeopathic aggravation is a proof that the cure is not only probable but may even be anticipated with certainty." (Chr. Dis., p. 151.)

"The smallest possible dose of homeopathic medicine, just strong enough to create the slightest homeopathic aggravation, will operate chiefly upon the diseased parts of the body, which have become extremely susceptible of a stimulus so similar to their own disease." (Org., p. 183.)

(Of course we have all experienced that that is so. Wrong medicine after wrong medicine leaves the patient untouched. It is only the right medicine that has the power of stimulating, or overstimulating.)

"If the antipsoric treatment be properly conducted,

the strength of the patient ought to increase from the very beginning of the treatment. This increase of strength will continue during the whole treatment, until the organism is freed from the enemy, and unfolds anew its regenerative life." (Chr. Dis., p. 174.)

(When we hear a patient say, "No, there is really not much change, but I feel ever so much better," we know that we are on the right road.)

"The condition of the mind and the general behaviour of the patient are among the most certain signs of incipient improvement, or of aggravation, in all diseases, especially in acute ones.

"Incipient improvement, however slight, is indicated by increased sense of comfort; greater tranquillity and freedom of mind; heightened courage and a return of naturalness in the feelings of patient.

"The signs of aggravation, however slight they may be, are the opposite of the preceding, and consist in an embarrassed. helpless state of mind, while the deportment, attitude, and actions of patient appeal to our sympathy." (Org., p. 174.)

Order of cure (from Hering's preface to the "Chr. Dis."): "The thorough cure of a widely-ramified chronic disease is indicated by the most important organs being first relieved: the affection passes off in the order in which the organs had been affected, the more important being relieved first, the less important next, the skin last. ... ...

"An improvemeut which takes place in a different order can never be relied upon." (Chr. Dis., p. 7.)

"As acute diseases terminate in an eruption upon the skin, which divides, dries up, and then passes off, so it is with many chronic diseases ... ... The internal disease approaches more and more to the external tissues, until it finally arrives at the skin.

. "Every homeopathic physician must have observed that the *improvement in pain takes place from above downward, and in diseases from within outward.* This is the reason why chronic diseases, if they are thoroughly cured, always terminate in some cutaneous eruption ... ..." (Chr. Dis., p 7)

(This is a hard saying, but when we do get a cutaneous manifestation in the process of cure, are we not apt to regard it as something to be itself "cured" ?).

"Chronic patients ... must avoid domestic remedies ... ... intermediate medicines of any kind ; must abstain carefully from perfumes, scented waters, tooth-powders, &c." (Chr. Dis., p. 139.)

(You will find over and over again that a stomach case that has done well, hangs fire ; and you will make no further progress till you have discovered that the patient uses kolynos or enthymol, or carbolic tooth powder, and stop it.)

Coffee also, according to Hahnemann, "has pernicious effects upon both body and soul." While tea, "secretly and infallibly weakens the nerves." He says they ought to be avoided during the treatment of chronic diseases. (Chr. Dis., p. 139.)

"Vinegar and lemon juice" (he says) "are hurtful in nervous and abdominal complaints ; moreover, they

either neutralize or increase the effect of certain remedies." (*Ibid.*, p. 142.)

Grief, sorrow, vexation, an unhappy marriage, a gnawing conscience, bereavement, are more capable of rousing a latent chronic disease into activity, (he says) than excessive fatigue, wounds and injuries, starvation, or unwholesome food. ... ... He notices that "a mother in vacillating health may be attacked with incurable lung trouble, or cancer of the breast, in consequence of the sudden death of her only son." (Chr. Dis., p. 144.)

"Strict diet is not the curative agent in the treatment of chronic diseases, as is asserted by the opponents of homœopathy, with a view of lessening its merit, the cure depends chiefly upon the medical treatment. This is proved by the fact that many chronic patients have followed for years the strictest diet without being able to obtain relief." (Chr. Dis., p 137.)

"Every part of the body, endowed with sensitive nerves, is capable of receiving the influence of medicines, and of transmitting their power to all other parts.

"Besides the stomach, the tongue and mouth are the parts most susceptible of medicinal impressions; but the lining membrane of the nose possesses this susceptibility in a high degree. Also the rectum, genitals, and all sensitive organs of our body are almost equally susceptible of medicinal effects. For this reason, parts denuded of cuticle, wounded and

ulcerated surfaces, will allow the effect of medicines to penetrate quite as readily as if they had been administered by the mouth ... ..." (Org., p. 186.)

(We need not go into the question of Olfaction (Org., p. 225) The whole subject is so great, that innumerable points have to be left out, or we should be here all night)

He says, "The whole cure fails, if the antipsoric remedies prescribed are not permitted to act uninterruptedly to the end. Even if the second antipsoric should have been selected with the greatest care, it cannot replace the loss which the rash haste of the physician has inflicted upon the patient The benign action of the former remedy, which was about manifesting its most beautiful and most surprising results, is probably lost to the patient for ever." (Chr. Dis., p. 156.)

"The *fundamental rule* (in chronic diseases) is this, ... *to let the carefully selected homœopathic antipsoric act as long as it is capable of exercising a curative influence and there is a visible improvement going on in the system. ... ..' (Ibid.)*

"By means of a single dose of a carefully selected remedy, the homœopathic practitioner often produces an improvement in the state of his patient, which continues even to the restoration of health. This result could not have been obtained if the dose had been repeated, or if another remedy had been given." (Chr. Dis., p. 157.)

"If the patient should wish to take medicine every

day, the homœopathic physician may give him every day a dose of sugar of milk, all these powders being marked with successive numbers.

"Sugar of milk is admirably adapted to this kind of innocent deception." (Chr. Dis., p. 164.)

"There are three mistakes which a physician cannot too carefully avoid ... ...

"First to suppose that the doses which I have indicated as the proper doses in the treatment of chronic diseases, and which long experience and close observation have induced me to adopt, are too small. ... ... Nothing is lost by giving even smaller doses than those which I have indicated. *The doses can scarcely be too much reduced;* provided the effects of the remedy are not disturbed by improper food. ... ... (Chr. Dis., p. 152.)

"The second great mistake is, the improper use of a remedy ... ... owing to carelessness laziness, and levity ... ... by physicians who know nothing of the homœopathic doctrine.

"The physician's first duty is to inquire into the whole condition of the patient: the cause of the disease, his mode of life, the nature of his mind, the tone and character of his sentiments, his physical constitution, and especially the symptoms of his disease .. .... according to the rules in the Organon.

"... ... He then tries to discover the true homœopathic remedy." (Chr. Dis., p. 152)

REPERTORIES.

"He may avail himself of the existing Repertories,

to become approximately acquainted with the true remedy. But as those Repertories only contain general indications, it is necessary that the remedies found indicated in those works should be afterwards carefully studied out in the materia medica." (Chr. Dis., p. 153.)

"A physician not willing to take this trouble ... ... and who by means of these general indications dispatches one patient after the other, deserves not the name of a true homeopathist. He is a mere quack, changing his remedies every moment till the poor patient loses his temper and is obliged to leave this homicidal dabbler. It is by such levity as this that true homeopathy is injured." (Chr. Dis., p. 153.)

"The third great mistake, which cannot be too carefully avoided in the treatment of chronic diseases, is the too hasty repetition of the dose.

"... ... superficial observers are apt to suppose that a remedy, after having favourably acted for eight or ten days, can act no more. ... ... It may take twenty-four or thirty days. ... ... To give another remedy before the lapse of this period would be the height of folly. ... ...

"The surest and safest way of hastening the cure is, to let the medicine act *as long as the improvement of the patient continues*, even were it far beyond the period which is set down as the probable period of the duration of that action. He who observes this rule with the greatest care will be the most successful homeopathic practitioner." (Chr. Dis., p. 153.)

(We have, I believe, very few cases that show Hahnemann's actual work, but in a note he gives a sepia case of chronic headaches. After the first dose the attacks became less frequent and less violent. A second dose stopped the headaches for 100 days. Then for a slight attack a third dose was given, and the patient was still free of her headaches seven years later. (Chr. Dis., p. 154.)

"The physician must be on his guard against interrupting the action of the antipsoric remedy which he has given to the patient. Let him not exhibit an intermediate remedy, on account of a little headache which may perhaps come the day after the remedy was given; or another remedy for a sore throat, or diarrhœa, or a little pain, &c.

"The rule is, that the carefully selected homeopathic remedy should act until it has completed its effect. (Chr. Dis., p. 150.)

MODES OF APPLICATION OF CURATIVE REMEDIES.

"Perceptible and continued progress of improvement in an acute or chronic disease is a condition which, as long as it lasts, invariably counterindicates the repetition of any medicine whatever, because the beneficial effect which the medicine continues to exert is approaching its perfection. Under these circumstances every new dose of any medicine, even of the last one that proved beneficial, would disturb the process of recovery." (Org., p. 171.)

"A very fine dose of a well-selected homeopathic remedy, if uninterrupted in its action, will gradually

accomplish all of the curative effect it is capable of producing, in a period varying from 40 to 100 days." (Org., p. 171.)

"It is a practice with many homeopathic physicians to furnish the patient with several doses of the same remedy, advising him to take them at certain intervals according to his discretion. This is empiricism. The homeopathic physician ought to examine the symptoms every time he prescribes. otherwise he cannot know whether the same remedy is indicated a second time; or whether a medicine is at all appropriate." (Chr. Dis., p. 160.)

"A second dose of the same remedy may be given *immediately* after the first; when the well-chosen remedy had produced a good effect, but had not acted long enough to cure the disease. This occurs seldom in chronic diseases; but it occurs frequently in acute diseases, and in those chronic that border upon the acute.

"The same remedy may be given a second time *when the improvement which the first dose had produced ... ...ceases to continue ... ... when it becomes evident that the medicine has ceased to act, the condition of the mind being the same as before, and no new or troublesome symptoms having made their appearance. All this would show that the same remedy is again indicated.*" (Chr. Dis., pp. 160-61.)

"The duration of the action of antipsoric remedies is generally proportionate to the chronic character of the disease ... ... even such remedies as ... ...

which act for a considerable length of time in the healthy organism, have the duration of their action diminished in proportion as the disease is acute and runs speedily through its course." (Chr. Dis., p. 155.)

Repetition of Remedies.

"Sulphur, hepar-s., and sepia excepted, the other antipsorics seldom admit of a favourable repetition of the same drug. This repetition is, moreover, unnecessary on account of the great number of antipsorics we possess.

"One antipsoric having fulfilled its object, the modified series of symptoms generally requires a different remedy." (Chr. Dis., p. 162.)

"Several antipsorics are generally required for the cure of a chronic disease." (*Ibid.*)

Here one may observe that Hahnemann had not, of course, our large range of potencies: with these it is often possible to carry a patient on to cure on the one remedy, raising the potency, as each one in turn loses its effect.

Some of us talk about "dilutions" ... ... which we consider more or less delusions. For Hahnemann they were potencies and here he is supported by the most modern science. ... ...

"To serve the purposes of homeopathy, the spirit-like medicinal powers of crude substances are developed to an unparalleled degree by means of a process which was never attempted before, and which causes

medicines to penetrate the organism, and thus to become more efficacious and remedial. It is applicable even to those substances which, in their crude state, do not evince the least medicinal effect upon the human body." (Org., p. 178.)

"It also happens that by the *succussion* or *trituration* employed, a change is effected in the mixture, which is so incredibly great and so inconceivably curative, that this development of the spiritual power of medicines to such a height by means of the multiplied and continued *trituration* and *succussion* of a small portion of medicinal substance with ever more and more dry or fluid unmedicinal substances, deserves incontestably to be reckoned *among the greatest discoveries* of this age." (M.M.P., vol. ii, p. 43.)

"I was apparently the first who made this great, this extraordinary *discovery*, that the properties of crude medicinal substances gain, when they are fluid by repeated *succussion* with unmedicinal fluids, and when they are dry by frequent continued *trituration* with unmedicinal powders, such an increase of medicinal power, that when these processes are carried very far, even substances in which for centuries no medicinal power has been observed in their crude state, display under this manipulation a power of acting on the health of man that is quite astonishing." (M.M.P., vol, ii, p, 45.)

"Medicinal substances are not dead masses in the ordinary sense of the term, on the contrary, their true essential nature is only dynamically spiritual—is pure

force, which may be increased in potency almost to an infinite degree, by that very remarkable process of *trituration* (and *succussion*) according to the homœopathic method." (M.M.P., vol. ii, p. 46.)

And he describes the process, for soluble and insoluble substances. Among the latter we use daily, flint, plumbago, &c.

"If only ponderables were real, and imponderables unreal, then one of these seemingly-insignificant doses would, at worst, be without any effect." (Org., p. 222.)

"Physical sciences teach that there are great forces (potencies) which are entirely imponderable, like heat, light, &c. ... ... let them determine, if they can, the weight of angry words causing a bilious fever, or the weight of afflicting news that can kill an affectionate mother, when she hears of the death of an only son ... ... (Org., p 222.)

(Were Hahnemann alive now, he would see his confirmation in the pathological and therapeutic effects of light, X-rays, radium, &c,, "imponderables.")

"It must be remembered that the power of homœopathic medicine is augmented (potentiated) by friction and succussion at each successive division and comminution. This development of powers, unknown before my time, is so great, that in later years ... ..." (he says) he only used "two succussions after each dilution, instead of ten." (Org., p. 222.)

"The smallest possible quantity of medicine in potentized development is sufficient." (M.M.P.)

"Quite small doses of medicine are all the less likely to fail to exercise their peculiar action, inasmuch as their very smallness cannot excite the organism to revolutionary evacuations (what is morbid is altered by the small dose), whereas a large dose, by the antagonism it excites in the system, will often be rapidly expelled and bodily ejected and washed away by vomiting, purging, diuresis, perspiration, &c." (M.M.P., vol. i., p. 415.)

Org., p. 127 "... ... The most recent experiments have taught that crude medicinal substances, if taken by an experimenter" (a prover) "for ascertaining their peculiar effects, will not disclose the same wealth of latent powers as when they are taken in a highly attenuated state, potentized by means of trituration and succussion. Through this simple process the powers hidden and dormant, as it were, in the crude drug are developed and called into activity in an incredible degree. In this way the medicinal powers of substances hitherto considered as inert are most effectually developed. ... ..."

"Chemistry is not acquainted with the fact that all substances after having been triturated up to the millionth degree (up to the 3rd cent. potency) can be dissolved in either alcohol or water." (Chr. Dis., p. 192.)

"The alteration which is effected in the properties of natural substances, especially medicinal substances, either by triturating or shaking them in conjunction with a non-medicinal powder or liquid, is almost

marvellous. This discovery is due to homeopathy." (Chr. Dis., p. 187.)

He instances "Sepia" (cuttle-fish juice) "soluble only in water; when triturated, it becomes soluble in alcohol. ... ..." "Petroleum, insoluble in water and alcohol: by means of trituration, soluble in both. ... ..." "Lycopodium" (spores of clubmoss) "floats on alcohol and water; unaffected by either: trituration makes it soluble in either, and develops such powerful medicinal action in the drug that its use requires great care." (Chr. Dis., p. 187.)

"The medicinal chemical substances which have been thus (homeopathically) prepared, and their medicinal virtues fully, yea, infinitely developed are no longer subject to chemical laws." (Chr. Dis., p. 188.)

"Besides this alteration of their medicinal properties, the homeopathic mode of preparing medicines produces an alteration in their chemical properties. Whereas in their crude form, they are insoluble either in water or alcohol, they become entirely soluble both in water and alcohol by means of this homœopathic transformation. This discovery is invaluable to the healing art." (Chr. Dis., p, 187.)

"A remedy which has been elevated to the highest potency and by this means, has become almost spiritualized, is no longer subject to the laws of neutralization." (Chr. Dis., p. 189.) (He gives instances to prove this.)

"Globules moistened with the 30th potentiated dilution and then dried, retain their full strength

undiminished for at least eighteen or twenty years (as far as my experience reaches); even if the vial had been opened a thousand times, provided it had been well protected from heat and sunlight." (Org., p. 224.)

(Hahnemann fully realized the years of doubt and poor work, that would precede his triumph.)

"My doctrines in regard to the magnitude and repetition of the doses will be doubted for years, even by the greater number of homeopathic physicians. Their excuse will be, that 'it is quite difficult enough to believe that minute homeopathic doses have at all the power to act upon the disease, but that it is incredible that such small doses should be able to influence an inveterate chronic disease even for two or three, much less for forty or fifty days ; yea, that after so long a space of time, important results should be obtained from these imperceptible doses." ... ... "I do not comprehend it, but facts speak for themselves. The truth of my proposition is demonstrated by experience, in which I have more faith than in my intelligence. Who will undertake to weigh the powers which Nature conceals in her depths? Who will doubt of their existence ?" (Chr. Dis., pp. 155-156.)

"It would be foolish to refuse to learn to write, because we cannot 'understand how thought can be embodied in written words ... ..." (Chr. Dis., p, 156.)

"Who ever thought that the medicinal virtues of drugs could be developed in an infinite series of degrees by means of triturating and shaking the raw materials ?" (Chr. Dis., p. 156.)

"Does the physician risk anything by imitating a method which I have adopted from long experience and observation?" (Chr. Dis., p. 156.)

"*Unless the physician imitates my method* he cannot expect to solve the highest problems of medical science, that *of curing those important chronic diseases*, which have remained uncured until I discovered their true character, and proper treatment." (Chr. Dis., p. 156.)

"If physicians do not carefully practise what I teach, let them not boast of being my followers, and above all, let them not expect to be successful in their treatment." (*Ibid.*)

"This doctrine appeals not only chiefly, but *solely* to the verdict of experience—'repeat the experiments,' it cries aloud, 'repeat them carefully and accurately, and you will find the doctrine confirmed at every step;'—and it does what no medical doctrine, no system of physic, no so-called therapeutics ever did or could do, it *insists* upon being 'judged by the results.'" (M.M.P., vol. ii, p. 2.)

Discussion on Hahnemann and Homœopathic Philosophy.

Dr. Neatby from the chair said it had been most striking how Dr. Weir had succeeded in making an old subject of new interest in the way he had put it.

Dr. Stonham said they had all enjoyed Dr. Weir's paper. He had brought them back to Hahnemann.

Hahnemann had held up an ideal to which all must aim, but it was impossible for them always to follow the directions. He thought even Hahnemann if he had had to see the hospital out-patients would hardly have followed out his own instructions to the letter. With his immense experience of provings he had all the remedies at his finger's ends, but even with the greatest knowledge cases would take much time if they were to be taken according to his directions. The taking of the case was the most important part, getting to know the patient's symptoms thoroughly, and his history. He did not see how homœopathy could be practised on a large scale unless they had a great many more homœopathic physicians. At present it resolved itself more and more into specializing, which was for the few and not for the many.

Dr. POWELL wished to thank Dr Weir very much for his very helpful paper, and many of them would be very gratified to learn that two years was not too long for a chronic case to be under care and treatment. He considered that the paper would encourage all to do their best in working up their cases.

Dr. GOLDSBROUGH said that one or two points suggested in Dr. Weir's statement had presented difficulty. A patient seen yesterday whose family Dr. Goldsbrough had known well, was 58, and had lost his only son at the beginning of the war. The father showed all the signs of the beginning of malignant

disease of the liver. Dr. Goldsbrough put the cause as grief at the loss of the son. What prospect was there of curing that case by following the rules laid down by Hahnemann. There was a problem in such a case which had not been touched by anything that had been said that night. That was not a chronic case in Dr. Weir's sense of the term and Dr. Goldsbrough wished that that problem of causation could be faced when they came to speak of the prospect of cure. What in homeopathic treatment was likely to cure that case? Then again in regard to the general effect of drugs taken habitually, on the action of a homeopathic remedy, what about the effect of tobacco which was indulged in to-day by so many people?

Dr. NEATBY said there were one or two points he would like to further mention with regard to Dr. Weir's paper. First in regard to the place that anxiety had in causing cancer and other constitutional conditions. Some years ago our veteran colleague Dr. A.C. Clifton read a paper bringing out the ætiological importance of anxiety and mental strain as causing the pre-cancerous stage of cancer.

Dr. WEIR replied that undoubtedly Hahnemann had set us a very high ideal but we have all found that it is only by following Hahnemann's method we can ever attain to Hahnemann's results.

—*The British Homeopathic Journal.*

A CLINICAL COMPARISON BETWEEN THE ACTIONS OF VACCINES AND HOMEOPATHIC REMEDIES. *

By EDWARD BACH, M.B., B.S.Lond.

In a paper which I had the privilege to read before your Society a year ago, I attempted to outline the main points of resemblance of vaccines to homeopathic remedies. To-night I want to illustrate by examples one of those points, namely the almost identical sequence of clinical events which follows each therapeutic method. I maintain that a case which has been successfully treated by vaccines would clinically be impossible to distinguish from a case treated by remedies; the only difference throughout being that injection would replace the remedy.

I shall strive to show in the newer science that the doses should be given according to the laws of Hahnemann. The reaction, as bacteriologists call it, is identical with aggravation.

(To be continued),

—*The British Homeopathic Journal.*

* A paper read before the British Homeopathic Society, November, 1920.

THE INDIAN

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"The knowledge of disease, the knowledge of remedies and the knowledge of their employment constitute medicine."

—HAHNEMANN.

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MENINGITIS.

Besides cerebro-spinal fever and tubercular meningitis we come across the disease following the acute fevers, such as pneumonia, erysipelas and also typhoid fever and measles. Although this disease has been declared as almost invariably fatal, we find Homeopathic treatment to be very successful in many of these cases.

Only lately I have had quite a little to do with some of these cases. In one case, that of a boy of 14 years of age, I was called in haste on the 11th day of the attack because the temperature had gone up to 108° and the case had been declared hopeless by the most eminent men of the other school and an immediate lumbar puncture had been advised. With such remedies as Verat. vir, Gelsemium, Lachesis, Belladonna, and Nux vomica, the patient made a complete recovery, within 10 or 12 days. In this case I should mention

that Verat. vir. 30 helped to bring down the temperature and Lachesis 200 did the most work in bringing about the cure.

My next case was that of a young boy in a rich marwari family where the efficacy of Homeopathic medication was observed within three hours. But as this was a case in a very rich family, some of our friends of the other school who were very much interested in the family, had a lumbar puncture made against the wishes of the mother and other female members of the family and the poor boy died within six hours.

My next case was a young boy 8 years old, living in Howrah, who came under our treatment from Allopathic hands. I had the honour of treating this case in consultation, with my friend Dr. Jugal Kisore Pyne There was marked opisthotonous, fairly high temperature and complete unconsciousness. This case was very similar to that of the marwari boy. But fortunately for the boy his parents were not so very rich and the doctors were also not so very over-anxious to continue his treatment. We gave the boy, Nux vom, Belladonna, Physostigma, and Acid Hydro during the course of treatment. The boy made a beautiful recovery.

The next case was that of a girl 10 years old. She was suffering from typhoid fever and developed meningitis later in the course of the disease. It was most unfortunate that the meningeal complications made their appearance just when the temperature.

began to go down. This case I saw in consultation with another physician and I have not heard how the child has fared.

I have just now another case in hand, that of a boy two years old, who has had a most violent attack. This boy is in a constant state of spasm, the opisthotonous is almost continuous, and the temperature seldom comes down below 103°. But still under Homeopathic treatment, he is gradually improving. I have had to give him many remedies but Cicuta, Agaricus and Angustura have done him the most good. Most of the remedies were given in the 30th potency.

J. N. M.

A CLINICAL COMPARISON BETWEEN THE ACTIONS OF VACCINES AND HOMEOPATHIC REMEDIES.

(Continued from page 64, *No.* 2, *Vol. XXX.)*

That amelioration may be very prolonged.

That the interval of repetition varies, being short in acute, and prolonged in chronic cases.

The return of old symptoms occurs.

The cases which have been selected are chosen with the object of illustrating the above points and are of necessity amongst the most successful ; they must not be taken as the uniform standard of vaccine therapy.

The points in the first case are .—

The long period between doses.

The marked reaction following the first inoculation and the severe return of flatulence, a trivial complaint at the time when the patient was first seen, but which had been a source of great inconvenience thirty years before.

Mrs. D., female, aged 59. *Chronic Headaches.*—The headaches began at the age of 17, and averaged one a week until 30 years. Two or three a week from 30 to 40; after 40 years, almost continuous, with more severe attacks every few days. Patient very depressed, suicidal tendency recently, severe constipation. An abnormal intestinal organism isolated. First dose: April 12, 1920. Marked local reaction and increase of headache, which was described as unbearable, depression and other symptoms from 12th to 16th. Then followed a long and steady improvement. No further headaches from April 16 to June 5, a period of about seven weeks. During this period the depression, constipation and all other symptoms almost disappeared; there was also a gain in weight and increase of general fitness. Second dose: June 4. No reaction, one headache, June 21, no improvement of general condition or other symptoms. This dose had apparently no effect, being the same size as the previous one, so that double the dose was given June 24. Third dose: June 24. Slight local reaction. Following this all headaches ceased and have not recurred to date when last seen (October 1). However, due to some return of flatulence and constipation another dose was given September 13, making the fourth.

This case shows the removal of headaches of forty-two years' standing with four doses of vaccine spread over a period of five months. If the second dose had been correctly estimated, there would have been no necessity for more than three. An aggravation only occurred after dose No. 1, which is not uncommon. During six months only two headaches have occurred since the reaction of the first dose.

In case No. 2 similar points are brought out where fits occurred after each of the earlier doses which constituted the aggravation. That suggestion might have accounted for these attacks, was controlled by giving occasional doses of saline hypodermically which, although the patient believed to be doses of vaccine, produced no after-results.

Mr. B., male, aged 46. *Epileptic Fits.*—The patient had epileptic fits for two years, been under usual bromide treatment with no reduction of attacks. Ceased work for twelve months, pronounced incurable, pensioned off by his firm. Fits averaged two a week. A bacillus isolated from stool. First dose: September, 1917. Fits became less frequent until the end of December when there had been a free period of one month. Second dose: January, 1918 Due to recurrence. No further grand mal until August, 1918, he had four attacks of petit mal during the night in that interval. Third dose: October, 1918. No grand mal since. For two years no grand mal, but occasional momentary dizziness. . The patient has never completely recovered from the dull state probably due

to bromide. He has not missed a day's work since January, 1918.

The same case aroused interest, because he had been certified by medical men of repute to be incurable, and his firm had pensioned him. However, in January, 1918, he started work with another firm and after six months was reinstated in his original post which he has served unfailingly since.

In acute cases the vaccine frequently has to be repeated rapidly; although the same law of waiting until the end of amelioration always must be obeyed.

Female, aged 18. *Case of Influenzal Pneumonia* of ten hours' duration, both bases and the right apex affected; cyanosis commenced. Temperature 105° F.; pulse 130; respirations 50. First dose: 11 p. m. Saturday. Sunday at 1 a. m., temperature 105.5° F, patient looked worse; 6 a. m., temperature 103° F. pulse 120; respirations 40. By 9 a. m the temperature had risen to 103 5° F., and the second dose was given; 10.30 a. m., temperature 104·2° F.; after that it fell and at 6 p. m. was 101° F. and the patient was looking better. By 8 p. m. the face began to flush and the temperature rose to 101 5° F. Third dose given. After this the temperature fell and by Monday (3 o'clock next morning) it was 97° F., pulse 100, respiration 24. Convalescence continued without further incident.

In about 20 per cent. of the cases of pneumonia one dose is sufficient to precipitate the crisis; usually it is not possible to estimate the exact dose at first,

and a second or more rarely a third dose is necessary.

A second case illustrates the same point.

Female, aged 17. *Influenzal Pneumonia.* Temperature 105.5° F. ; respiration 50 ; pulse 160. Forty-eight hours' duration, very marked cyanosis and collapse. Wednesday midnight first dose : 1 a. m., temperature 106° F. Thursday, 6 a. m., temperature normal ; 3 p. m., temperature 100° F. Second dose given : 11.0 temperature 96.5° F., convalescence with no rise above 99°.

The longest amelioration that I have known in a chronic case is the following :—

Female, aged 52. Attacks of intestinal pain and diarrhœa for seven years, associated with backache for five years, attacks averaging one a week. First dose : July 24, 1916. A very severe attack followed lasting three days. No attack since, a period of over four years.

The following case will, I think, be of interest to you.

Spinster, aged 32. *Exophthalmic goitre.* Prominent eyes : neck markedly enlarged : pulse 130. Very nervous, restless : history of nervous breakdown three years previously, which the goitre followed. First dose : September, 1918. Decided improvement followed a temporary three days' depression : pulse became 110 : neck smaller, eyes less prominent. Between September, 1918, and December, 1919, four doses were given and by the latter date all traces of

the disease had disappeared except that the eyes were still very slightly prominent : the neck was normal : pulse 80 : the patient being quite well. On December 14, the patient became restless and agitated, apparently due to a sister leaving England. Fifth dose given : the condition became worse and acute mania followed. After one month all symptoms disappeared and the case was then more satisfactory than at any previous time. Excellent condition was maintained until March, 1920, when restlessness again slightly appeared. Doubting the advisability of another vaccine, Dr. Wheeler kindly offered to prescribe a remedy. April 12 : Sulphur 12 was given, with almost instant relief of all mental symptoms. After a few weeks the goitre increased slightly and the pulse and eyes became more abnormal. September : another dose of sulphur, due to slight return of nervous state followed by sharp nervous reaction with perfect relief in a week. The goitre symptoms returned markedly : pulse 110. October 8 : vaccine given with improvement in goitre signs, and to date both the mental and goitre symptoms have disappeared.

'D. R., male, aged 44. For two years giddiness, weakness and spasticity of legs, difficulty in walking : nystagmus, severe headaches. The patient was only able to walk a few hundred yards. Blood pressure 190. First dose : January 20. Immediate slight improvement followed. A very small dose was given owing to the danger of reaction. Second dose : February 11. He was ill for one week, unable to walk, severe

giddiness, headache and nausea. Following this there was a definite improvement. Blood pressure 170, and able to walk two miles. Third dose: April. Improvement followed a two-day reaction. By June blood-pressure 155: walked six miles. In September the last dose was given and the patient is now almost normal and has played tennis for a short time.

H. F., male, aged 46. Rheumatoid arthritis of two years' standing; feet and hands stiff and swollen; walked with difficulty and almost unable to use the hands; some stiffness of the elbows and knees. First dose: January, 1919. A very slow slight improvement followed until August, when a second dose was given. This time a larger amount produced a definite reaction of a week's duration, followed by three month's slow progress. Additional doses were given in April, July and September, 1920. Five doses given in twenty months and a slow progress has been maintained. The patient is now able to walk on his toes and the only sign that remains is a slight swelling of the right wrist.

Male, aged 32. Served five years with the Army in France and Egypt; discharged quite well. Three months after he noticed failing sight in the right eye: in three days the right eye was almost blind and left eye rapidly failing; by the end of seven days the sight was so bad that he was unable to cross a road with safety. Diagnosis was central scotoma; cause unknown. Treated by usual methods: smoking stopped and renal stimulants for four months during which

time there was slight improvement of the right eye but the left became worse. First dose : Intestinal vaccine given on February 10. This was followed by a steady improvement for two months, so that large print could be read at that time. For the next month the condition remained stationary. Second dose : June 1. By the following morning a decided improvement had occurred and in three days' time the eyes were practically normal, This position has been maintained to date and no further doses given

J. N., male, aged 52. Severe sciatica for three months continuously ; for some years had had occasional short attacks. First dose : February 12. The same night and for thirty hours following, the pain was worse than he had known, and the local doctor had to give sedatives. From February 12 until May 14 no pain. There was a gain in weight and improvement in general condition. There has not since (a period of nine months) been any severe pains, but on account of slight occurrences, additional doses were given at the end of May and the middle of July.

Mrs. B., female, aged 64. Neuritis in legs and arms for thirteen years, unable to walk more than half-a-mile : pain continuous ; slight wasting of extensors. November 14 : First dose : pain very severe, for two days, confined to bed. Slight improvement continued for six weeks. January 17 : A steady progress for two months. May 17 : second dose ; by September all the pain in the arms and legs had gone, patient much better and stronger. Early in October,

severe pain occurred in the back of the neck and persisted despite all local treatment for ten days when it gradually disappeared. Since October, 1917, there has been no pain. The patient had had no pain in the neck for ten years, but the disease thirteen years before had started with an attack similar to that which occurred at the end of treatment. It was with difficulty that the local doctor was persuaded from repeating the dose.

It would be possible to enlarge the number of such cases indefinitely but it would be tedious and serve no useful purpose. I feel sure that you must appreciate, from the examples which I have given, that vaccine therapy is definitely on the lines of homeopathy.

The quantity of the dose, though much larger than the higher potencies, corresponds with about an 8x. The points which I have tried to emphasize are : the long interval between the repetition of doses, usually one to four months in chronic cases : that one is so far from allopathic, and so near to homeopathic methods as to demand attention. The reaction of a vaccine is identical with homeopathic aggravation, in that every symptom is temporarily made worse in acute disease for a few hours, in chronic a few days. It would be impossible in a given case to differentiate a reaction from an aggravation.

The return of old symptoms is frequently met with ; sometimes in vaccine work these persist for a considerable time and require considerable patience to eliminate.

The advantage of waiting until amelioration has ceased is difficult to demonstrate in chronic cases, the good results given when treated on these lines must be accepted as evidence in its favour. In acute cases the extreme danger to the patient's life in too early repetition is generally recognized. In acute sepsis, to give a dose on a falling temperature, which is due to a previous injection, usually results in collapse.

Though vaccines are not understood or worked out with the great exactness of the homeopathic remedies, and though the new school has much to learn from Hahnemann, yet the resemblance in the two methods appears to be too close to be an accident or coincidence.

Discussion.

The President said the paper was a very interesting one. Before asking Dr. Wheeler to open a discussion on the subject, he would like to ask Dr. Bach a question, his reply to which would probably facilitate the debate. What, in general terms, was the source of the organism from which the vaccines spoken of were made? The author mentioned in the first instance that it was derived from the fæces, but the speaker supposed Dr. Bach did not intend members to understand that this was so in all the instances mentioned, such, for instance, as the acute pneumonias. After Dr. Bach had kindly answered that, Dr. Wheeler would at once open the discussion.

Dr. Bach, replying to the President, said he entered into that matter in his last paper In all cases of

chronic disease the organism from which the vaccine was made came from the intestine: in cases of acute disease from the secretion of the part involved.

Dr. C. E. Wheeler said he regarded it as an honour to be allowed to express the feelings which probably all present would desire to convey to Dr. Bach for the admirable series of cases which he had just placed before the meeting. Last year, when Dr. Bach read his first paper to the Society, he, Dr. Wheeler, congratulated the Society on having such a recruit, and to-night he could say that the anticipations he then expressed were very well justified. He did not propose to discuss all Dr. Bach's cases in detail, because many subsequent speakers would be sure to have remarks to make applicable to one or other of them. It was, however, interesting to note one or two points in relation to Dr. Bach's treatment, as compared with their own. For instance, there was the fact that, in at least two cases, definite sedatives of a pain-relieving kind were given, and probably in material doses, in one case to relieve sciatica, in the other to modify the headache, and still, apparently, without interference with the result produced by the vaccine. They, in that Society, were very chary of interfering with a reaction, especially by means of drugs such as were used in the cases referred to. In those instances, however, the dose of vaccine was strong enough to hold its own, in spite of the sedative treatment adopted, perhaps necessarily adopted. The exophthalmic goitre case was one in which he

was specially interested, because he had an opportunity of watching it with Dr. Bach. When he prescribed for that patient she did not present a very clear drug picture. She was a *plus* thyroid, and any *plus* thyroid case would show many sulphur symptoms. But he gave sulphur, largely to see if it would bring out any more characteristic drug picture, as, in homeopathic experience, it not infrequently did. In view of the tendency to switch the symptoms on to the mental plane, with which members were familiar, and which they dreaded, he was particularly anxious not to interfere drastically. His, the speaker's, first dose was the twelfth potency. That produced a reaction. The second dose was a thirtieth, and that caused a further reaction, and a good effect on the mental symptoms, though, it is true, they were nothing like so bad as when she was suffering from acute mania ; the present ones were more premonitory. As the mental symptoms got better, there was a tendency for the physical symptoms to recur. Dr. Bach and he had the feeling after a month or two of improvement under the sulphur, that the mental side of the case might be regarded as well provided for, and that it would then be safe to attempt to remove the physical symptoms with the vaccine, and that, so far, had been successfully done. He did not think any homeopath would very much doubt that Dr. Bach had made out his general thesis, that these cases were closely analogous to those treated by homeopathic remedies. The method attained its greatest success by obeying the

laws which Hahnemann laid down, and which they in that Society had so many times confirmed. Therefore in any case the remedies made from the presumable cause of the disease were distinctly of a similar order. There was no question about the analogy between vaccine treatment and homeopathy. He took it as sufficiently established that Dr. Bach had made out the definite causal relationship between the administration of the dose and the favourable results which ensued in his cases. And members were bound to admit that, though they could parallel them with similar cases which had been relieved by drugs, the drugs could hardly have done better, for the results in the cases narrated had been so eminently satisfactory. Therefore it was borne in upon one that here, in this method—and it was not only a vaccine method of the kind they had been familiar with, but rather a method of search for a deep-seated cause of disease—one was carried back to the doctrine propounded by Hahnemann in chronic disease. It seemed that in many chronic diseases there was a chronic toxæmia of intestinal origin, and that by attacking that directly by a vaccine Dr. Bach had removed the symptoms of chronic disease. Therefore he thought every homeopathist must realize that Dr. Bach was offering a considerable and potent addition to the weapons which were already possessed, and it was now for them, aided he hoped by Dr. Bach, to define the proper relationship of this method to those weapons already in their possession, to see how far this means

could supplement or take the place of other things, and how it could be made best use of. That was a work in which all members of the Society could help. He wished to put before the Society, more than anything else, that it was definitely up to the Society to endeavour to make precise the true and best sphere of action of these remedies.

Dr. Bach had hinted broadly and bravely that he could not undertake always to reproduce similar favourable results; he found some cases difficult, and all those present knew how extraordinarily valuable it would be if in the cases which baffled, Dr. Bach could help, and similarly in the cases in which Dr. Bach was baffled, homeopathists could help. That would be a great gain to both.. And, in order to elucidate that point, which would take some years to work out, he suggested it was most desirable they should approach these cases of chronic disease by working them out on the Hahnemann method, taking the totality of symptoms, and so arriving at a clear picture of the drug and what the drug of election should be; and wherever there was a clear drug picture, it was probably most desirable to give the remedy by the laws of Hahnemann, including that of infrequency of repetition, and check the administration of the remedy by the laboratory observation, seeing how far the laboratory results under the influence of the drug corresponded with what would be expected in the laboratory results under the influence of vaccine. But where they mihgt go first fc the vaccine was

in the class of case in which no drug came out very clearly; there was a mass of symptoms, and they worked out to one of three or four drugs, between which the physician felt somewhat at a loss. In such cases, in the past, they had chosen the one which they thought would be the most likely to succeed in relieving the patient. But it might be a better method in these cases—if Dr. Bach could find the specific organism—to see whether the result of administration of the vaccine would not be to clear the picture. In so far as these organisms were intestinal in origin, the early symptoms of the disease were often abdominal, but they became so masked by later symptoms of disease that often it was only by close questioning that one found the patient was conscious of abdominal symptoms of any note. In many cases which came to physicians these abdominal symptoms had, in any case, been more or less masked by the free use of purgatives and other remedies of that order, and those drugs had played a part in confusing the picture, so that the observer was confronted with a picture which was not the true representation of the disease: it was a picture not only of disease, but of treatment too; there was not merely the chronic underlying disease, but the superficial results of later infections and complications. And there was the poorer reaction of the body to, perhaps, excessive quantities of drugs. In such cases by going down to the bed-rock and administering vaccines, it was possible that a picture might be found which would be clearer from the point

of view of the successful selection of the remedy. He suggested—though it wanted confirming—that the range of the vaccine was less than that of the simillimum, because the invention of potentization by Hahnemann enormously extended its powers; one could give the thirtieth, allow it to exhaust its effect; and then go up to 200, and so on. They could continue to get good results where lower potencies had apparently exhausted their effects. The vaccinist could increase his dose, but he probably could not get the same range in the matter of definitely increased quantities as could the homeopathist in securing increased potency. If what he said was true, then it would be a great advantage for the homeopathist to have a go at a case with his remedies first, and then, when the remedy had done its work, the vaccinist could do his part, as was hinted at in connection with the exophthalmic goitre case referred to.

Another way would be to see whether vaccines themselves could be potentized. Possibly they could be, and that would provide a way out. The few experiments he had himself made in that direction showed that they were not by any means negative, though he was not able to say they had obtained results in the least comparable in extent and efficiency to those which, in favourable cases, followed the giving of two millions or so bacteria. He had not tried a strength of more than the thirtieth, and it was with the view to encouraging the Society to realize that here was a matter not only of supreme interest to

them all, but the possibility that it placed in their hands another weapon to supplement those already possessed and which had been well-tried; that he urged all to join in helping to clothe the facts with a true interpretation. All present were clinical physicians, and all could help in putting this matter, once for all, on a definite basis, so that in a few years' time they would not be discussing in the Society whether this or that probably was or was not true, but would be able to say to inquirers these and these were the results of the experiments, and these and these could be confidently recommended.

The President said the Society had now had the advantage of hearing not only Dr. Bach's paper, but also Dr. Wheeler's excellent comments upon it. The general discussion would now be open. And he took the occasion to say, especially for the benefit of the visitors, whom he hoped to include in the speakers, that this was by no means a mutual admiration society, and that although Dr. Bach's communication was very much valued, if there were criticisms to be offered, and weak points exposed, the author of the paper would willingly meet them in his reply, and any critical comments would be accepted in good part by the Society generally. He of course commended the paper specially to the physicians present, though conceivably the interest might extend to surgeons also.

Dr. Fergie Woods desired to add to the congratulations already expressed his own in regard to Dr. Bach's admirable series of cases. He felt sure that

if all vaccine therapists worked along the same lines as Dr Bach was doing, there would be much less suffering than ensued at the present time. He did not think the amount of harm done through the careless use of vaccines could be over-estimated ; indeed, he had come to dread having a patient who had already been under vaccine treatment, because his experience was that they were most difficult to treat, even by the most careful homeopathic prescribing. Vaccines, if wrongly given—as they generally seemed to be—appeared to set up some barrier in the patient's system to the reaction of homœopathic remedies With regard to the potentization of vaccines, he remembered a case he had in Hahnemann ward some time ago, one of empyæma, and for which he had a vaccine made He triturated that himself, up to the 6x, and gave it internally, with markedly beneficial results. He felt convinced that if they were going to potentize vaccines successfully, they must thoroughly triturate them first. It was of no use to dilute them and then shake them up, they must be triturated laboriously in order to grind the microbes into a soluble state. In that way he thought some of the present bad reactions could be avoided.

Dr. Goldsbrough said the subject now before the meeting was, of course, of very great interest indeed, and he thought members ought to be very grateful to Dr. Bach for having worked along his own lines and brought his results forward in this way, because there were so many points suggested and raised by this

communication that one could not but feel that great caution was necessary in forming opinions on the method. There was need for patience in awaiting the results required. There were three or four questions which occurred to him and which he wished to allude to ; they had already been incidentally referred to by Dr. Wheeler and by Dr. Fergie Woods. In the first place, he would again ask—as he had on two or three previous occasions—was the stage of initial aggravation really necessary ? Was it reasonable to look for and expect it ? Or was it not due really to a defect in administration ? He would like to emphasize the necessity of observations of and records on cases along those lines. He was not himself prepared to give an opinion on it, but he regarded it as a most important point in relation to chronic diseases, more especially in such cases as exophthalmic goitre, an instance of which Dr. Bach brought forward. He made that remark by way of broad criticism, without suggesting that the point of view which had been put forward was not the correct one, namely, that there must be an aggravation stage. It was a stage which, in the interest of the patient, one would desire not to have. His second point had reference to chronic epileptics. It would be within the knowledge of Dr. Bach that he, the speaker, had already, with that gentleman's collaboration, started a series of cases in the out-patient department—about six or eight cases—to which patients he had been giving a dilution of the vaccine which Dr. Bach prepared from the organism

be isolated. It was diluted to the 4x attenuation, and doses given by the mouth once a month or once a week. Those patients were still under that treatment. In them he had only noticed a favourable effect once, i.e., in only one of them was the frequency and severity of the fits decreased. The friends of two or three of the other patients said the patient was brighter and the fits less severe. That was very suggestive, and he had aked the Hospital dispenser to dilute these auto-vaccines to the sixth centesimal dilution, and most of the patients with that condition were now on that. Those were chronic epileptics, with one exception epileptics of some years' standing, patients at whom he had been working for a number of years to get the number of fits reduced. Those cases reminded Dr. Goldsbrough of another case which Dr. Bach was helping him with, a private patient, whom he had at the Hospital on purpose to try this treatment. The patient had been having epileptic fits following a rather mysterious attack, probably, Dr. Goldsbrough thought, of meningitis following rheumatism. He was sent to the speaker by a country practitioner. In the originating illness he had a temperature and signs of toxæmia, and of those he got well, but was left in a sensitive condition, with recurrence every week or two of a major epileptic fit, with some minor attacks in the interval. As soon as Dr. Bach brought forward this question of vaccine treatment, he (Dr. Goldsbrough) thought this would be an excellent case to bring under this method and have it tested. The gentleman was

brought into a private ward of the Hospital, and his organism isolated, and the vaccine made from it was administered to him in a single dose. Next day he had a sharp attack of *petit mal*, but there was no recurrence for two and a half months afterwards, and he went out of the Hospital apparently well, a supply of the vaccine being sent to his medical man in the country, where the patient lived. The doctor wrote two or three months ago asking whether the patient should be given a repetition of the dose, as he was not then very well, and he wanted to go for his holiday, and was afraid of having attacks while he was away. Dr. Goldsbrough therefore wrote authorizing another dose. That was given, and the gentleman went for his holiday to the seaside. In a fortnight he had an attack, from which he did not seem to recover very well. To him, the speaker, the condition was somewhat mysterious, he could not quite fit it in with what had already been stated about these cases. Therefore he advised that the patient should not have another dose of the original vaccine, but that it should be diluted to the sixth attenuation. That attenuated strength was being given at intervals as directed—he forgot at the moment what the length of the intervals was. The instruction was to give a single dose of the medicine when he was not feeling very well, i. e., when he had a furred tongue, offensive breath, and a tendency to headache, which were probably manifestations of his ailment. That case, with others, raised one or two other points which Dr. Goldsbrough

wished to mention and suggest for consideration. He would like to know from Dr. Bach whether, in the case of exophthalmic goitre, he prepared a new vaccine when the patient showed a great change in the symptoms ; or whether he had thought it worth while to examine the organism in the intestine again. That raised the question as to whether the toxin was really intestinal in origin, or, was the presence of the causal organism in the intestine an effect of defective elimination, or the effort of Nature to get rid of the toxin ? It was a point which, perhaps, was worthy of investigation. This was exceedingly important in such a case as the one referred to, of exophthalmic goitre, in which there was a change from acute mania back to the development of goitre, and it presented a very interesting problem for future work. Lastly, Dr. Goldsbrough would ask whether Dr. Bach had examined the fæces again in any of the cases in which the treatment had been started, by which he was able to judge whether those organisms originally found were in the same quantity, or whether the same kind still persisted.

Dr. Roberson Day said he merely wished to ask the author of the paper one or two questions. First, were the vaccines he used autogenous ? Were they de-toxicated vaccines ? It was very interesting to hear that Dr. Bach attributed the causes of chronic disease to the digestive tract. Such diverse diseases as exophthalmic goitre, arthritis, and epilepsy apparently had been greatly benefited, some of them cured,

by vaccines derived from the intestinal tract. And that bore out his, the speaker's, experience that chronic diseases were inevitably the outcome of errors of digestion and of diseases of the digestive tract. The paper which the Society had that evening listened to was a most instructive one, but he would like more information on the points he had raised.

Dr. P. HALL-SMITH joined in the thanks to Dr. Bach for his excellent paper, which he was sure all present had enjoyed. He would be glad if Dr. Bach could give information as to the organisms he had isolated and their nature, as contrasted with those familiarly known to inhabit the intestinal tract. Dr. Bach referred to giving larger doses in his cases; by that he presumably meant more massive doses, because, when chronic disease was treated by homeopathy, the idea was to give more dilute medicines as the disease progressed. But he took it that Dr. Bach in his cases was giving less dilute doses. The case of Graves' disease was of particular interest, because it illustrated the establishment of mental symptoms following the physical manifestations which were the familiar accompaniment of that disorder. From the homeopathic standpoint one would imagine that those symptoms meant the driving in more deeply of the disease; the mental symptoms would seem to indicate that the disease was going in the wrong direction. And the homeopathic remedy in that case, apparently, had the effect one would expect, namely, that of relieving the deep-seated mental symptoms and re-establish-

ing the symptoms of a physical character previously shown. The question arose as to whether homeopathy was good for mental symptoms. What was Dr. Bach's experience of giving a vaccine for mental symptoms? He also would like to know what effect the vaccine treatment had on the organisms in the bowel.

Dr. WEIR thanked Dr. Bach for his paper. That gentleman was one of the most open-minded men he had ever come across, because first of all he inquired about homeopathy, and when he read Hahnemann's philosophy, he was man enough to say "that is the thing I have been looking for for a long time." The speaker thought the Society was fortunate to have a paper from a man who had that type of mind. Many points had been brought forward in regard to homeopathic treatment. It was extraordinary to him and others to find that all the researches and investigations which were proceeding at the present moment bore around homeopathy and tended towards it. Some might think he was always dinning that into their ears, but all that had been heard that evening was on those lines. It was there the Society was going to score and attract men. Dr. Woods had pointed out how difficult it was to treat a patient who had been already, as it were, maltreated by vaccines. One man came to the speaker some time ago who had had injections given by a good man—and there he desired to say it was a shame to think of the prevalent practice of handing over a patient to a man

who knew nothing about the matter. The medical man was going for his holiday, and he got all the injections in before he started, and the patient had had asthma every day of his life since, some four years. For eighteen months he, Dr. Weir, had tried all he could to help him with homeopathic remedies. These usually relieved, but in this particular case the medicines were no more than palliative. With regard to the question whether an initial aggravation was necessary or not (the point raised by Dr. Goldsbrough) when he first started he gave 10 M., and that produced dreadful aggravation, and both he and the patient got alarmed. After that, he came down, and started nearly all his chronic cases on 30's. There were no aggravations with this, but, on the other hand, he did not think the benefits were so marked. The dose which would produce aggravation varied with different people. Some people had aggravation with only 30, whereas others required 1 M. to cause it. He would give one or two cases out of his experience.

The first was a man with rheumatoid arthritis, which began ten years ago, and he was so bad that he had to be carried upstairs. He required crutches to get along at all. He saw the man on October 19 last, when his knees and fingers were fixed. A single dose of bovine tuberculin was given, 1 M. To-day he came again, as he was going abroad, and his first words were "you are going to do the trick." He went on to say that all his friends were remarking

on the difference there was now in his expression, and he felt his vitality was increasing ; he was eating and sleeping better, and experienced less pain. Frosty weather made him very sore, but he was much easier, and the swellings in his knees and other joints had subsided a good deal. It was, as yet, too soon to say what was likely to happen. With regard to Dr. Goldsbrough's instructions to repeat the dose in the case he related, he thought in that matter Dr. Goldsbrough had made a mistake: he thought another fit should have been awaited before giving another dose. He had, from Bath, a case of epilepsy, and she was on sulphur. She had long intervals free from fits. She had had two fits recently, however, and he had to repeat to-day.

With regard to reactions, it was well known that patients differed in this regard, in some they occurred after 30, in others not until 10 M. The higher one went the greater, he thought, were the reactions. A member of the Society, who was very keen on this subject, found that he was getting better results in thyroid with minute doses over long intervals.

Today the speaker saw a man from South America who had rheumatism, chiefly in the deltoid. After being given lycopodium he had disappearance of his pain from above downwards ; it went to the elbow, then to the wrist, then to the little finger, and then disappeared altogether. He had his last dose of lycopodium three and a half months ago, and he had been progressively getting better, and events occurred

in a very definite order. He did not think it was wise to tell patients what to expect; there was a fear they would say they had those symptoms whether they had them or not, whereas if that were not done, the patient could be assured that what he narrated was what was expected. His, the speakers', advice was, while there was any amelioration, do not repeat the dose.

With regard to the giving of opiates in a case, he thought they did not have an adverse effect, for homeopathic medicines were on a different plane from the other crude stuff. But he agreed that the giving of these things spoiled the picture. If a patient had headache and aspirin were given, away would go the headache, and if aspirin and homeopathic remedies were both given, one was without a guide. That was the chief objection to giving a palliative. One could continue a long time talking about the homeopathic philosophy, for it was no fancy system. And he would say that if it was not studied with the view to learning it properly, it should never be tried.

Dr. BURFORD said he could only repeat what had been already said as to the value of the paper which had just been read, and not only Dr. Bach was to be congratulated on it, but the members themselves. It was very gratifying to reflect that they had an original observer of Dr. Bach's calibre. Not less praise was due to Dr. Wheeler for his luminous introduction to the discussion, in which he presented

the other side of the shield. Thus the Society was able to see the connection of the homeopathic remedies spoken of, through the lips of a master. This particular subject was only a special instance of the old-time question, "What is the action of medicines ?" It was almost as big a question as that of the colours of flowers. He would like to put forward two or three points for consideration, as issuing from a larger consideration of the subject. The first was: Did homeopathic medicines act by creating antibodies ? In giving homeopathic remedies, was it a gratuitous method of giving by the mouth what was equivalent to vaccines ? He did not think it was. By the work of Sir Almroth Wright, they knew something about the production of antibodies, how long they took to be generated. And the parallelism between the length of time and the character of the production of antibodies did not hold at all with the time and method of production of cure by homeopathic remedies. He had not heard of a vaccine which produced a manifest alteration in a patient's condition in five minutes, but he had seen that occur following the giving of the appropriate homeopathic medicine. Did vaccines and homeopathic remedies act on the same plane ? Had they the same *modus operandi* ? He did not think so. It was well to have concrete cases to illustrate a point.

A lady consulted him on account of baciluria. She came from under a distinguished man, but she had steadily gone from bad to worse. When she

came to the speaker he took measures to procure a vaccine from the urine. Her pains were so severe that he thought it very likely she had a calculus. Once she fell to the floor from the pain due to the irritating character of her urine. In three months she was well, and had remained well since and had returned to Burmah, whence she came for advice and treatment. It was an interesting case of an attempt to cure by homeopathy failing, and vaccine succeeding at the first attempt.

Another case was of an inverse character. He was asked to see a patient who had curious symptoms of the bladder. She had had vaccine treatment for some time at the hands of an excellent local vaccine specialist, but in spite of it she got worse. She came to town, and he had her under treatment for some time. Neither he nor the pathologist could make out for some time what was the particular organism responsible for the symptoms ; after centrifugalizing the urine, the pathologist said there was nothing particular in it. But on examining the corpuscular elements he found tubercle bacilli. These bacilli, he said, had hitherto been looked up in the corpuscles and none had got into the fluid, to give an opportunity of identification. The patient was given a graded course of tuberculin, and in the course of six months got well, and had remained so ever since. Ordinary vaccine was of no use ; it was not an autogenous vaccine that she had, it was obtained from the ordinary sources. The appropriate remedy cured her.

There was a different technique in the administration of vaccines and homeopathic medicines. In the one they were thrown directly into the cells, and in the other acted through the digestive tract. Professor Adami and others said there was an essential difference in the action of medicines given by the mouth and those given hypodermically. But these alternative methods—vaccines and homeopathy—were they not collateral rather than identical mothods ? Was not their virtue due to a factor in treatment which was common to both ? He thought that was not unlikely. Their action was not to be construed in the same terms, and the range of production of anti-bodies in the human organism was somewhat limited. But when homeopathic remedies were given, the remedy could be adjusted to the symptom-complex, and in that way could cover the whole range of detail which the symptoms might supply, and its range of action was unlimited. If the production of an antibody was desired, one could not be so certain its competence would be so definite. Repetition of dose had been alluded to by Dr. Hall-Smith and others. When the homeopathic remedy was given in high dilution, one waited, and then gave the remedy in a higher dilution. But with vaccines the dose was increased ; a fundamental difference.

(To be continued.)

—*The British Homeopathic Journal.*

THE INDIAN

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"The knowledge of disease, the knowledge of remedies and the knowledge of their employment constitute medicine."

—HAHNEMANN.

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HOMEOPATHY ON THE CROSS ROAD.

Since the end of the war, the whole world is going through a stage of reformation and re-construction. India is also going through this period of transition. Mr. Montague with the true instinct of a British statesman has introduced the Reforms here. But our extremist statesmen, not content with this, have set up an agitation all over the country, which is upsetting the whole country. Homeopathy has also been affected by this. College boys are going on strike and parents are at a loss to understand what to do with these hot-headed youths. Young people seem to have forgotten the old adage that 'Rome was not built in a day'. The students of the Calcutta School of homeopathy also went on strike. I am happy to find that better counsel has prevailed and they are all coming back.

The Homeopathic Hospital has also been affected

by it. Some of our extremist leaders are trying to get hold of the hospital and convert it into a hospital for all sorts of treatment. Their object is laudable, but their method is not commendable. They have approached one of our trustees with partial success.

Then there are other influences at work also. Some young doctors, in the hope of getting up a name and reputation for themselves, are trying to get the upper hand in the management of the hospital. They have influenced some of the leading practitioners who have so long taken absolutely no interest in the affairs of the hospital. While we should welcome young energy into the hospital, we should warn these young practitioners and tell them that it is still an infant institution and requires tremendous backing. The promoters must be prepared to put their hands in their pockets and come forward to its rescue whenever necessary, and let me tell them from experience that they will have to do it times without number, and we can hardly expect young physicians to do this. They have their own difficulties and how can they help others. We welcome their co-operation but we warn them to be careful, otherwise the thing we have built up after years of patient and persevering work will be undone in no time.

We sincerely hope and pray to God that the authorities of the hospital will muster strong and tide the institution over these difficulties at this ominous time.

J. N. M.

A CLINICAL COMPARISON BETWEEN THE ACTIONS OF VACCINES AND HOMEOPATHIC REMEDIES.

(Continued from page 96, *No.* 3, *Vol. XXX.)*

Dr. Wynne Thomas desired to add his quota of praise of the paper to those which had already been given. This contribution and the paper they had the pleasure of listening to a few months back ought to help homeopaths in putting their point of view before the allopathic fraternity. It had often been said that homeopathy had no scientific standing. Vaccine therapy was at present the fashionable method of treatment. Sir Almroth Wright had declared that a new method of treating patients had to be built up, as the old method of giving drugs had gone, that they must admit they had been practising quackery, that the whole art of giving medicines required the belief that all diseases were due to bacteria, and that it was only by vaccines that people would be cured. If, by such papers as Dr. Bach's present one, they could demonstrate under the microscope the truth of their law, many allopaths would be induced to look into homeopathy. At present many allopaths would say "I do not believe in homeopathy," and when asked what they knew about it would reply "I know it is only quackery," but the majority of those people knew nothing whatever about it. Yesterday he saw a patient who told him a missionary student had been to tea the day before. He had been in Iceland, and

one day came across a child who was ill. He asked what was the matter with the child, and was told the doctor said it was pleurisy, and therefore the child must be kept in bed three or four weeks. He did not know how the student knew what to do, but he prescribed bryonia and in three days the child was running about. The doctor asked the student what made him say the child had pleurisy, and he replied that he did not say so, that it was his, the doctor's view, but that *he* took the symptoms simply and prescribed for them. The doctor replied that it could not have been pleurisy, otherwise the child could not be running about so soon, adding "You fellows have an unfair advantage over us, for you not only give medicines, but you offer up prayer too." The missionary student replied that he thought the doctor did not believe in prayer, to which the doctor retorted "I would rather believe it was prayer than that it was your damned homeopathy!"

Dr. Withinshaw, speaking as a visitor, said he would like to avail himself of the President's invitation to say a few words, particularly after his friend Dr. Wynne Thomas. He was taking a very broad view of the relations between homeopathic practitioners and doctors of the old school, which had been illustrated by Dr. Wynne Thomas in a rather striking way. He was happy to say he had evidence in the other direction, and after an interval away from general practice he was pleased to find such a scientific tone prevailing in the Society, and such a wide

view taken. If a personal reference could be forgiven, he would like to mention what happened to him a little while ago. Since he was out of practice, he had taken up a psychological line, and he hoped it would not startle his hearers when he said that a few months ago he was asked by the Medical Society of Charing Cross Hospital to give them a lecture on phrenology. For a long time he had been interested in the science of phrenology, and it was striking that he should have received such an invitation from one of the orthodox school, for to some, phrenology was as objectionable as was homeopathy. It showed at all events that some minds were open to a new point of view. In the matter under discussion there must be sympathetic breadth of view, for only thus could the truth be reached. Here to-night, too, he got the same impression of open-mindedness, and a desire to get at the truth.

Mr. Granville Hey thanked Dr. Bach for the careful observations on which he had founded his paper, and for giving his results so interestingly. He seemed to hint, once or twice, that he could have given some other results, opposite ones, and most of those present had probably come across such opposite results, i. e., cases in which the hoped-for results did not come about. He was not riding a hobby, but it seemed to him, from his own observations, that in many cases failure to secure results from homeopathy ensued from not first clearing up obvious hindrances to cure. One of the chief of these hindrances was

oral sepsis. If there were several, or even one or two, carious teeth discharging pus continually, and the patient was swallowing the micro-organisms, that was quite sufficient to hinder cure, for it had been computed that one vigorous organism could produce 2½ billions in twenty-four hours. Certain persons had more vitality than had others, and might be able to stand this invasion of the system, but it must be against efforts at cure. He had not the advantage of hearing the papers on rheumatoid arthritis at the Congress, but probably that question was largely discussed; he had seen many cases which had been helped a long way towards recovery by getting rid of their oral sepsis. Another subject which had been brought forward on the present occasion was the treatment of epilepsy by the inoculation of vaccines prepared from organisms found in the patient's intestinal tract; and mania in the course of exophthalmic goitre had also been mentioned. One of the modern theories in regard to exophthalmic goitre was, that it was due to auto-intoxication, probably from the intestinal tract, and recently, at Edinburgh, he heard two eminent surgeons speaking of excision of the colon, and modifications of that operation, namely, excision of the proximal half of the large intestine. One of them, bearing a name well known, went so far as to say he could half empty the asylums of cases of mania, if he were allowed to excise the proximal half of their colons. That surgeon gave instances in which patients who had been so treated became quite

sane again, showing clearly that the mental state had been due to auto-intoxication from the large intestine. The reason given for modifying Sir Arbuthnot Lane's operation and only excising the proximal half was, that the proximal part was absorptive, the chief function of the remainder being to dry the remnants of food in it. That went far to confirm the remarks made in regard to mental symptoms by the opener and Dr. Goldsbrough.

Dr. Vincent Green said Dr. Bach's paper had come to him in the guise of good cheer to a faint heart. For ten years he and others had been trying to treat, downstairs, chronic suppurative catarrhs by vaccine treatment, and he regretted to say he did not know any cases in which benefit had accrued from it. In one or two cases he had tried to keep an ampoule back as a sort of last shot in the locker. But from what Dr. Woods had said to-night he, the speaker, had evidently been putting the cart before the horse. Dr. Bach, in answering the President's query, which answer might be considered as an addendum to the paper, had opened up a new line of thought to the speaker, namely, that the cases he referred to were chronic cases, and Dr. Bach said that in chronic cases he always prepared the vaccine from the fæces. In the cases of chronic catarrh the vaccine had been prepared from the nasal discharge. In future, in similar cases, Dr. Vincent Green intended to have the vaccine prepared from the fæces. He agreed with Dr. Burford that the two forms of treatment—

homeopathic remedies and vaccines—were not on the same plane. He agreed that vaccines had limitations, whereas homeopathic remedies had not. Every case which came under the care of the homeopath was fair game for a simillimum, but that was not so in the case of vaccines. That week he had seen a case of chronic valvular disease of the heart which, he would say, could not be touched by any form of vaccine treatment.

The President said it was not necessary that he should make many remarks in attempting to summarize the discussion, as many points on which he had made notes had already been dealt with by one or other of the speakers.

In thanking Dr. Bach for his interesting paper, he thought those present could also congratulate themselves on the very informing debate to which it had given rise. The interest of the paper consisted not only in the treatment of Dr. Bach's cases, but the success with which he did it, a success none would deny. Whether the means were homeopathic, or antipathic, or isopathic, did not matter to the patients, though it mattered to the physician as a guide to the treatment of future cases. Also, it had been of great interest in illustrating important points in homeopathic practice, those which had been insisted on in the debates in this room and in homeopathic literature for the last hundred years, and they now had the further support of research in the laboratory. That was the kind of support which was most useful for work-a-day

purposes to the modern student of medicine familiar with laboratory methods. This confirmatory means would commend itself to every honest inquirer after the truth. It would encourage him to go further. He thought that the call for evidence of reaction in the system was one which had lain very deep in the medical mind for a great many years, perhaps generations. From the vaccine side all practitioners expected reaction, and their custom was to increase the dose of the vaccine until the reaction was obtained. Even a high-potency representative himself liked to have a reaction, as had been made clear that evening. He was reminded of a time about forty years ago, when he began to study medicine. They were then told by their excellent teacher, Jonathan Hutchinson, that a reaction must be obtained, the so-called aggravation, though he did not use those terms ; what he said was, that the mercury must be pushed until it just "touched the gums," just short of salivation. Even at that time he did not understand why that was necessary, but it indicated the craving there was for some positive evidence that the system was responding to the medicine Why the homeopathic remedy should be given in a gradually diminishing dose—i.e. in regard to bulk—and vaccines should be given in progressively larger doses he could not understand, unless it were another evidence that there was really something in potency, that is, that the method of preparation by extreme subdivision of the remedies was really, as they believed from clinical evidence, a

method of liberating energy which had been latent in the drug.. He called upon Dr. Bach to reply.

Dr. Bach, replying on the discussion, thanked speakers for the support and appreciation of his paper which they had expressed.

In answer to Dr. Wheeler on the question of a definite drug being indicated, if a patient indicated strongly a particular drug, then vaccines would not do so well for him as would homeopathic remedies. The cases he had dealt with chiefly were more of a mixed type, and these, vaccines seemed to clear up. In a chronic case in which no particular drug suggested itself, it was common, after giving a varied number of doses of vaccine, to find the case starting to become a pure drug case. He had an illustrative case of that at the present time, one of headache. The woman said she had had headaches for thirty years. She had two doses of vaccine, and now she had the headaches every week-end only. All her symptoms seemed to be clearing up on sulphur only. It was not at all an uncommon type of case. Vaccines, certainly in their present state, had not such a fine reaction as had homoeopathic remedies; by vaccines one never quite raised one's patient to that ideal state which could be secured by giving the appropriate remedy. He felt certain that every case which had been treated by vaccines would be further benefited if they could have, as a final touch, one or more doses of the appropriate remedy. The range of action of vaccines could be altered enormously by dosage, and it was surprising

that practically all disease came within the range of intestinal toxæmia.

In regard to Dr. Fergie Woods' remark as to the commonness of faulty reactions after vaccines, that was a fault of technique. If the physician proceeded cautiously these bad reactions should not occur. It was often necessary to go exceedingly cautiously, and it was infinitely wiser to give the second dose a little larger than the first in order to test the patient, to ascertain what was his initial resistance.

In reference to the remarks which had been made concerning abuse of vaccines, generally speaking, they were hopelessly abused by bacteriologists of the immunity school. That school realized the necessity of waiting for the end of the amelioration in acute disease, but had not yet realized that the same held good of chronic disease. He did not think that in a case of pneumonia the bacteriologist would repeat the dose of vaccine if there was benefit from the first one.

With regard to a patient being rendered hopeless for homœopathic treatment by previous doses of vaccines having been given, certainly such cases occurred, and he feared they had been numerous. But patients could be made hopeless too by the abuse of high potencies.

In regard to Dr. Goldsbrough's remarks as to the necessity or otherwise of securing an aggravation in the initial stage, at the present stage of vaccine therapy, an initial aggravation was absolutely neces-

sary, and if it was not produced the first time, it was necessary to go on until one did get it, otherwise the vaccine would not cure the patient; if amelioration were secured immediately it would not be lasting; there must be a definite sharp aggravation before one could feel confidence that the patient was receiving the proper benefit from the vaccine The patient would be expected to have a fairly rough time for two or three days. Some did not require a second dose, even though the disease might have been going on for years.

With reference to the experimental work which was being done in the way of potentizing, workers would not get their best results until there were better means of potentizing, for with the four hours required for grinding the organisms for every injection, it was next to impossible to secure adequate potentization of the vaccines. He had tried at several places in London to get an automatic machine to do it, but had not yet succeeded. When that difficulty had been got over, he felt sure very good results would be secured from vaccines.

With regard to changing the vaccine in a given case, his reply was in the negative. He had not done it yet, and he did not think it was likely to be required. The symptoms changed, but the causal organism seemed to remain the same throughout the case. He had only found different organisms from those fairly normal to the intestine three times out of many thousands of trials.

As to the intestinal organisms standing to the symptoms in the relation of cause and effect, that was a matter of speculation; it was not yet known whether the organisms present were there for our benefit or not. The general belief, however, was that it was the toxin produced by these organisms in the intestine which, on being absorbed into the blood stream, caused the symptoms.

He had examined the fæces of patients after treatment on many occasions, and what he believed happened—though it was only experimental and more work was required on it—was that the patient felt better while the organisms in question were being excreted, and that after the inoculation of the autogenous vaccine the organisms were poured out in large quantity, and ultimately disappeared.

In answer to Dr. Roberson Day, the vaccines he had used were all autogenous; he had not tried de-toxicated vaccines on these lines, because it would be a hopeless matter to inoculate rabbits against every single case and get their serum. It would not only be a very expensive piece of work, but also unscientific, because the idea of a vaccine was to produce a reaction, and by de-toxicating one, would only be adding one reaction to another.

The type of organisms concerned was allied to the coli group; it was impossible to know the names, as their numbers were so great; certainly there were hundreds of varieties—paratyphoid, dysenteric, proteus, and so on. Many of the organisms found in the

stools were indistinguishable by all present means from the paratyphoids. He once tried to classify them; he reached No. 125, and then ceased the count.

The question of the treatment of mental symptoms had also been raised. Vaccines, at their present stage, would not be so successful for mental disease as were remedies. He had not had much to do with mental disease, though he had had two or three fairly successful cases. It was physical disease which best responded to vaccine treatment, though the mental symptoms due to the general bad health would improve too.

In answer to Dr. Vincent Green, who attributed his vaccine failures in catarrh cases to the fact that he had had a vaccine made from the nasal discharge, one would expect the vaccine to fail if the general poisoning which was going on was not remedied at the same time, because one regarded catarrh as an indication of disease, not as the real disease itself; he looked upon it as a symptom of intestinal toxæmia, and its improvement would depend on improvement in the general health He would never tackle a case of catarrh without attending to the general health condition.

In giving vaccines one should always start very low, because of the risk of the patient being one of those who reacted very violently, who was supersensitive to these things.

With regard to vaccine reaction being interfered with by drugs, a headache aroused by a vaccine must

run its course of two or three days, for nothing short of chloroform or morphia would relieve it in the meantime.

In answer to Dr. Burford, he had never seen a vaccine produce benefit in five minutes, but he had seen that occur in thirty minutes ; in that period the temperature had started to alter and the pain to be alleviated in a very acute case, and the more acute the case the quicker and more pronounced the benefit. Dr. Burford's insistence on the fundamental difference between the two methods—homeopathic remedies and vaccines—was very important. The dosage of the vaccine was increased, that of the remedy decreased. But there was the difference that the dose of the vaccine could not be further divided : the organisms were intact, and by diluting one decreased the number of organisms, whereas in the remedy, in a more divisible state, one heightened the potency by diluting. Thus it was possible that by both methods there was an increased stimulus. If vaccines were universally so ground as to get them into a state of very fine division, he believed they would stand potentization right out, in the same way as homeopathic remedies.

Concerning the obvious hindrances which Dr. Hey spoke about : one got more sceptical about these obvious hindrances in view of the results seen, because by means of the treatment with vaccines conditions cleared up which one would have thought hopeless. He had seen terrible cases of pyorrhœa clear completely up without any local treatment, and without

local organisms being inoculated. Therefore he was sceptical about the wisdom of advising people to have all their teeth out. General treatment such as he had indicated should always be tried before advising surgery of that kind.

—*The British Homœopathic Journal.*

ARSENICUM ALB.

Arsenic Alb. commands a very wide range of action. I have watched its marvellous effects in cases of cholera, catarrh and diarrhœa.

J., aged 40, got cholera of a bad type. He emitted watery stool accompanied by vomiting water and also attended by thirst. As a preliminary prophylactic I tried several doses of Camphor, without any rapid progress in the patient. Next day it was reported to me that the sufferer had burning thirst and burning sensation in the stomach. I had been giving him Camphor and Veratrum in alternation, but when I was informed that the patient was getting burning thirst, losing energy and making no progress, Ars. alb. 30 was given with the wonderful result of half of the patient's troubles being lessened. Another two doses completely cured the man.

My next experiment was on a woman of middle age who likewise suffered from cholera. Verat. was given in the beginning, but her husband came running in a ruffled state of mind and said that there was no amelioration. Thereupon, after enquiring from him

about all the symptoms, I found Ars. Alb. the most suitable remedy. Three doses in the 30th potency were administered every hour with the pleasing result that vomiting and diarrhœa both stopped, but her urine was suppressed. I gave Cantharis 30. Two doses set up urination and she is well now.

A young man of 23 caught cold from sleeping in the open air a day after the ceasing of rainfall. Next day, he got a very bad type of catarrh followed by coryza. The discharge from the nostrils for the first two days was thick and yellow. The patient felt much heat sensation all over the body. He could not do a single minute without air. Cool air and cold water were very agreeable to him. There was a sensation of heaviness in the forehead and burning in the nostrils and pain in the internal throat and also coughing.

For the first two days I gave no medicine b[illegible] the third day the patient reported that all the s[illegible]p-toms continued as before, only the discharge from the nose had become loose and semi-watery in place of thick and yellow mucus. I found Ars. the best remedy for him and accordingly gave him a dose of 30th potency in the morning. In the after[illegible]here was no pain in the throat, no heaviness in t[illegible]d, no burning and no feverishness. The patie[illegible]racti-cally all right after a dose only.

The medicine should be chosen and admi[illegible]red very carefully. If given with due care, I see no [illegible] why the remedy should fail. SADAYATAN PANDEYA.

Clinical Cases.

P. C. MAJUMDAR, M. D.

I.

A youngman of the Marwari community had been suffering from dyspepsia and diarrhœa. I was called by a young homeopathic physician who gave him various medicines without much benefit. I was consulted on the 29th June, 1918.

He was passing five to eight stools every day. Aggravated in the morning after getting up from bed and ater taking food and drink. Yellow, thin, watery stools, gushing with noise, passing much flatus. There was rumbling and pain in abdomen.

The liver was painful on pressure, but he got relief by kneading the abdomen. This pain was worse when the stomach was empty. There was great thirst for cold drinks, especially ice or ice-water. It rained very heavily this time and during the rains all his complaints were aggravated. So I at once thought of giving Natrum sulph a trial and suggested this to my young friend. He was not very hopeful of this remedy. I pointed out the totality of the symptoms of this case and I told him to try this remedy. So Natrum sulph 30 was given three times a day. The next day he was very much relieved, passed ouly two stools that day and it was not very watery and the colic was very much reduced. Rice with a little vegetable soup was given and no ice. His thirst was considerably less, so he did not want any cold drink.

I stopped the medicine and he was steadily improving. As the time went on his improvement was steady and firm. In a week's time he was convalescent. I gave him only four doses of Natrum sulph 30 and he was all right. Diet was regulated for about a month and he made a perfect recovery. This is a very good remedy for this kind of diarrhœa and especially during the rainy season.

II.

A young European girl at Lower Rawdon Street suffered long from asthma and was very much emaciated and prostrated. She had allopathic treatment for over two months, without much benefit. She got slight fever in the afternoon and much burning of the body and thirst. The asthmatic breathing was very much aggravated at night, especially after 12 midnight. She could not lie down or sleep.

The parents of this patient had no faith in the homeopathic medicine, but were prevailed upon by a friend to try my treatment for a few days. There was not much sputum with the cough which was very distressing. Bowels constipated. There was considerable wheezing in the chest which was dry and sonorous.

I tried Arsenic 30 three times at night. Slight amelioration of breathing that night. I waited and the asthma was as before. I gave Arsenic 200. Had no effect in two doses.

Arsenicum cm one dose was given the next night ;

no perceptible improvement in her condition any way. The parents became anxious.

One dose of Kali Ars. 30 that night at 12 gave her great relief. She slept for three hours without interruption.

In the morning I saw her much easier and found her playing with her toys. I gave her another dose in the day time and the night's rest was secured. I stopped medicine, but, contrary to my expectation, her sleep was disturbed by occasional and milder attacks.

I thought of continuing the medicine, one dose every morning, and by taking it for one week she had permanent benefit. In a month's time she picked up a good deal, emaciation was gone and digestion became easy. She was perfectly cured.

III.

A little daughter of Babu—Nandi had an attack of sore-throat with high fever. Was under allopathic treatment for eight days. The disease went on increasing. The doctor saw the throat and found pieces of membrane there which caused much hoarseness and difficulty in breathing. He gave the father to understand that this was a very serious case of diphtheria and wanted surgical interference very urgently. I was then called on the 8th January, 1901.

The child was very much prostrated, could not swallow food, the tonsils, uvula and soft parts around the throat were highly congested. A little piece of membrane of tough and brownish color was visible.

Temperature 105 F. Copius perspiration, swallowing very difficult and painful.

A dose of Belladonna 30 every four hours. Fever much reduced the next morning. Temperature 101, Skin perspiring. Difficulty in breathing aggravated and so the deglutition.

A dose of Kali Bich 1X every four hours. Considerable relief of the throat troubles but breathing was much embarrassed. Kali Bich 30 three times that day. Fear of suffocation great. Father became alarmed and wanted to place the child under allopathic treatment again. I gave him assurance,

A dose of Merc. cyan, every six hours, gaveprompt relief of dyspnœa and congestion, swelling and membrane in the throat very much reduced. Wanted more food which she seemed to swallow better.

Continued Merc. cyan three times a day. There was still some fever and the patient was much prostrated.

No medicine and the patient was better in every way.

In the course of a week the little patient was convalescing and perfect cure was effected.

IV.

A youngman was down with confluent form of small-pox in a student-mess at Bechu Chatterji's Street. I was called when pus was about to form. Fever was very high but somewhat reduced now. Great restlessness, burning of body and great difficulty and pain on swallowing.

I gave him Variolin 200, one dose at once ; a few globules dry on the tongue.

This dose had the desired effect. The patient was better in every way. Deglutition easier, fever reduced even more and he was much comfortable. The suppuration was much easier and not protracted. He was cured in time. I gave no other medicine. My brother-in-law Dr. Aghor Chandra Bhaduri insisted on me to give some other medicine to expedite the cure but I warned him not to disturb the action of that dose.

AN APPRECIATION.

(*From Homeopathic Director.*)

The rapid evolution of the world is more manifest to-day than ever after the great world war. This evolution is perceptible in all the great departments of Science, Chemistry, organic and inorganic, Electricity, Medicine, &c which have made more rapid strides during the last few years than during the past few centuries put together. The inventive genius of mankind has given wonderful proof of the fertility of the human brain. What with submarines, aeroplanes and air-ships, wireless transmission of sound and the equally wonderful wireless transmission of sight in moving figures,—the world to-day is entirely different from what it used to be yesterday—but as homeopaths we are more concerned with the

progress of the medical science, and it is with this object in view that I am writing to-day about the phenomenal advancement of the law of Similia Similibus Curantur, that it is acknowledged by the thinking millions of the universe—not merely acknowledged but acclaimed with joy and pride, and preferred because of its wonderful curative power, mildness, scientific precision, marvellous quickness of action to that of the other more elaborate, catching, assuming and pompous treatment, is an undeniable truth. Whichever part of the world you go to, be it Lapland or Patagonia, you see quite an array of Homeopathic Doctors doing unmitigated good to mankind. In a country as conservative as England, slow to take up anything whose truth has been undeniably accepted, you find Homeopathic Hospitals galore, and Homeopathic practitioners maintaining their position side by side with the very best of the other school.

In India, the land of true Philosophy, the home of many great men, the people too have not been behind-hand in according a true and heartfelt welcome to the great principle of the great master, Samuel Hahnemann—a principle that has revolutionized medical science, broadened human mind and dispersed many superstitions. From Cape Comorin to Mount Everest and from Karachi to Penang it is difficult to find a single village, nay a single homestead where you don't hear of Homeopathy and its marvellous cures. Throughout this great continent the one great figure that looms large and looms bright in the dim horizon

of many years is the grand old man of Calcutta, Dr. P. C. Majumdar, and it is an object of our pride that he is not a solitary figure, for there are others of his kind equally bright and equally great following him in his train in the great procession of the victory of this true system of treatment, and it is another great hopeful sign of the times that these men are all appreciated and honoured, for we judge the permanency of an institution, of a system of treatment or a science by the popular enthusiasm and appreciation it receives in that country. Our venerable mentor the old Dr. Majumdar was the other day accorded a grand reception in Benares, where he went for a little change of climate. The Hom physicians and patrons of the place called a meeting in the hall of the H. E. School at Godhulia, Benares city, and presented an address to Dr. Majumdar, relating his various qualities of head and heart and enumerating the endless services rendered by him to the cause of homeopathy all over India. After the presentation of the address a formal meeting took place for establishing a homeopathic school in Benares. Dr. P. C. Majumdar presided and at the request of Dr. B. K. Bose he gave them his valuable advice as to the principle on which such schools should be conducted, for none has a better claim than he, as the founder of the first School of Homeopathy in India, to occupy such place as he did and talked in the way he preferred on subjects such as this. At the conclusion Dr. Chatterjee proposed a vote of thanks to the chair

and amidst loud acclamation the meeting dissolved late in the evening.

We give below a copy of the address presented to Dr Majumdar :—

To

DR PROTAP CHANDRA MAJUMDAR, M. D.,

Our esteemed brother,

We, the Homeopathic Physicians of Benares, feel most proud to find you in our midst.

You are one of the remarkable men of the latter part of the nineteenth century, who, from the trodden paths of folly, entered into the new arena of truth, bringing the light of the noble art of healing into the country.

Throughout your life you have maintained the exalted dignity of the physician with the kindest heart, the most fertile brain and the best skilfulness to restore the sick to health Your brotherly behaviour towards your colleagues and juniors alike is felt with joy by every doctor who has come in contact with you. Your affectionate manners always remind us that we are all disciples of Father Hahnemann.

You are one of the formost among the founders to bring into existence the first Homepathic Hospital in India, and for the propagation of Homeopathy your endeavour is firm and bold in all directions, in teaching students by schools and colleges by your philosophy and erudition and by Homeopathic Social Institution.

When in the pages of great Homeopathic Books we see your name mentioned by eminent writers of Europe and America, our pleasure knows no bound, and we are happy to say that "O patriot! you are not of Calcutta alone, you are of Bengal, of India and of the World."

With God who is showering laurels on your head we Kashibasi also offer you our blessings that you may complete a century and in the evening of your life, you may live in this holy city with greater happiness and peace, and be our philosopher, friend and guide with ripe experience and unselfish works.

BENARES,
2nd January, 1921.

Yours affectionately,
HOMEOPATHIC PHYSICIANS OF
BENARES.

This is not a solitary instance of such appreciation by the public of men and of their services in the cause of homeopathic science. Eminent doctors from Calcutta are oftentimes invited to different provinces in India and also to countries beyond Asia to preside at congresses and conferences showing the high standard of efficiency homeopathy has reached in India.

We can conclude our paper with these immortal lines of Longfellow :—

"Lives of great men all remind us
We can make our lives sublime,
And, departing, leave behind us
Footprints on the sands of time."

Here is a matter of encouragement for the young and the rising generation of homeopaths, in India not to lag behind but to maintain the standard of excellence attained by their predecessors."

K. P. Pathak, B. H. M. S.
14, *Lindsay Street, Calcutta.*

ACIDOSIS IN CHILDREN.*

By J P. Crozer Griffith, M. D, Professor of Pediatrics in the University of Pennsylvania.

By the term "acidosis" is designated that condition in which acid substances are present in the blood in quantity relatively so increased that the normal excess of alkali is much diminished. Experimentally acidosis with its symptoms has been induced in rabbits by the administration of hydrochloric acid in large amount. In man it depends upon a relative excess of organic acids produced in the human economy. The acidosis may in some cases be accompanied by the presence in the urine of the acetone bodies, consisting of B-oxybutyric acid, diacetic acid, and acetone. In other instances it is certain that the acid bodies of this group are not concerned in any way with the process. The relative excess of acid in the blood depends either upon an overproduction of acid bodies ; or a loss of bases from the organism ; or on the failure of the kidneys and the lungs to excrete the acid in

* From The Therapeutic Gazette.

sufficient amount. It is important to bear in mind these varying causes. Thus, for instance, the removal of alkali from the system produces an acidosis equally well with the formation of an excess of acid, and even entirely without the occurrence of this. It is the *disturbance of the balance* which is the important matter. It is the relative decrease of alkali in the blood which is the cause ; not the mere presence of acid.

At once a sharp distinction must be drawn between acetonuria and acidosis, and reference is made to this on account of the very common custom of viewing acetonuria as an indication of a necessary presence of acidosis. The former consists merely in the occurrence of the acetone bodies in the the urine. It has repeatedly been shown that these bodies in small amount may be present in the urine of normal, healthy children. The amount may be increased under certain pathological conditions, such as starvation, acute febrile diseases, severe diarrhea, diabetes, intestinal autointoxication, and recurrent vomiting ; but remains merely a *matter of excretion* and may not be accompanied by any symptoms of acidosis. Acidosis, in contradistinction to acetonuria, indicates a decrease in the alkali of the blood, irrespective of the actual amount of acetone bodies or of any other acids which are being excreted. It is accompanied by a decrease of the carbonic dioxide tension of the alveolar air, an increase of the hydrogen-ion concentration of the blood, and a great lessening of the reserve of the alkali in the blood.

Two facts are brought prominently to our attention in the matter of acidosis in children. The first depends upon the statement just made—i. e., that acidosis and acetonuria are distinct. Consequently the discovery of the acetone bodies in the urine of a starving child—e. g., one with vomiting, who as a result is suffering from a condition of emptiness—is almost a necessary occurence, or at least one to be expected, and need not of itself cause alarm. We make a mistake in calling such a condition acidosis. So, too, probably half of the instances of acute febrile diseases in early life will exhibit acetone in the urine. Acetonuria may, it is true, be accompanied by acidosis; but some of the worst cases of the latter condition exhibit no acetone bodies whatever in the urine. It is only by the occurrence of *symptoms* of acidosis, or by laboratory tests, such as those of the alveolar air and of the blood, that the relative excess of acid in the blood and tissues can be determined.

The other fact is equally important, viz., that children seem especially prone to develop the symptoms of acidosis. There appears to be no doubt of the truth of this. It may depend upon the smaller reserve of alkali which is characteristic of early life, or upon the facility with which children manufacture acid bodies without any discoverable sufficient reason.

Although we think naturally of acidosis in connection with diabetes in children, there are other causes much more frequently operative. This is merely because of the relative infrequency of diabetes in

childhood and infancy, since in my experience most dangerous acidosis develops in diabetes in early life with the greatest readiness. I have seen a diabetic girl of 3¼ years plunged from a splendid general condition into fatal coma by an ill-considered change in the diet. Such a case is unfortunately far from being an isolated one.

Another condition in childhood has repeatedly been attributed to an acidosis is recurrent vomiting. I have never been able to convince myself that acidosis was in reality the cause in such cases. It is true that the acetone bodies appear in considerable amount; but we must remember that a condition of starvation is present, which accounts naturally for this symptom. It would be only by laboratory tests that we could with reason attribute recurrent vomiting to an acidosis, or by the development of characteristic symptoms; and repeated vomiting is not one of these. The title "acetonemic vomiting" which has been applied to this disease is consequently misleading, in that it confuses a problematical cause with a certain effect.

A prominent cause of acidosis, especially in infancy, is severe diarrhœa of a non-inflammatory form, in which there is a large loss of liquid from the intestine. Many of the cases of "milk-poisoning." "food-intoxication," and the like, belong to this category. To the previously existing symptoms of the diarrheal state, with great reduction in the amount of the urine, are added the toxic ones of acidosis. This is a class of cases in which it is certain that the acetone bodies

are inoperative. Whether it is a retention of acid phosphate, the presence of lactic acid, the reduction of the bases, or some other cause, is not clear; but there is without doubt a very large loss of alkali in the diarrheal discharge, and it is very probable that this is the active agent. Then there is also a certain class of cases in early life which develop acidosis without any discoverable reason. The most typical instance of acidosis which I have seen, so far as symptoms go, was one of these. The girl exhibited coma and very characteristic hyperpnea ; yet there was no history of diabetes, diarrhea, or starvation, or, in fact, of any other sufficiently explanatory cause. Certain other conditions may bring about the development of acidosis, among these being nephritis and occasionally pneumonia. It is very often probable that the symptoms attributed to uremia are in reality those of acidosis.

The ideas held by many upon the subject of symptomatology are rather vague. There are, it is true, some suggestive symptoms, but only few which are positive evidence of acidosis. Among the early symptoms are restlessness, sleeplessness, and excitement; and later the development of somnolence, prostration and coma. When these appear in a case of diabetes, or in an infant with severe summer diarrhea and great diminution in the secretion of urine, acidosis may be suspected. The only positive symptom, however, apart from laboratory tests, is hyperpnea. This consists of deep exaggerated inspiration and

expiration, somewhat increased in rapidity, and constantly present. The symptom may be only slightly marked, or may reach a degree of dyspnœa sufficient to constitute "air-hunger," yet without discoverable organic or functional disturbance of the heart or lungs to account for it, and without cyanosis.

(To be continued.)

—*The North American Journal of Homeopathy.*

THE INDIAN

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"The knowledge of disease, the knowledge of remedies and the knowledge of their employment constitute medicine."

—HAHNEMANN.

XXX.] MAY, 1921. [No. 5.

CALCUTTA SCHOOL OF HOMEOPATHY.

For the last twenty years or more it has been my honoured privilege to be connected with the progress and development of Homeopathy in the city. I took upon myself the responsibility of managing the Calcutta School of Homeopathy which was founded by my father Dr. Pratap Chandra Majumdar some forty-one years ago. Declining health and advancing age has prevented him from taking an active interest in the School of late. Dr. D. N. Roy's name has also been connected with this Institution for a long time. But I would be ungrateful if I did not mention the name of our worthy colleague Dr. G. L. Gupta who had been the Secretary of this Institution for some eight years. He was an indefatigable worker and did much valuable work during his regime. That the school has been a great asset to the country, is manifest from the fact that we find our students

practising most successfully in various parts of Bengal, Bihar, United Provinces, the Punjab and other remote parts of the country. Another very significant fact is that almost every professor of this school has started a school on his own hook and has found it a lucrative concern.

The year 1905 found the Homeopaths of Calcutta anxious to start a Homeopathic Hospital and with this object in view they formed themselves into a Society which was duly registered according to the Act of the Government. Maharaja Bahadur of Darbhanga laid the foundation stone of this building in the same year and Messrs. Martin & Co., the well-known Architects, finished a one-storied building in due course and forthwith the work of the Hospital was begun in a small way. Although father had been the Vice-President of this Institution almost from the very beginning, he had never been able to take much active interest in it. The lion's share of the work fell on the shoulder of our Secretary Dr. D. N. Roy. His energy knew no bounds and he was indefatigable in collecting money and in looking after the welfare of this Institution, and I feel very proud and happy to think that I have been able to be associated with him in the work from the very beginning. We have been through various stages of development of this Institution. During the War it was a most difficult matter to contiuue our work but we thank God that we did not have to shut our doors. I regret very much to have to state that the help rendered

to the Institution by our other colleagues has been almost nil. We had large promises made which were seldom realised. Gentlemen, God alone knows what troubles we have had and what difficulties we have had to overcome. Dr. Roy and I have often had to put our hands in our pockets to keep the thing going. Criticisms have been showered on us but help has always been scanty. Through the generosity of our grateful patients we have been able to keep this thing going. Through the munificence and generosity of one of my patients I was able to add an upper wing to this Hospital, and Babu Sidheswar Gorai was also maintaining a separate ward, at a cost of nearly a hundred Rupees a month. He had done this and had depended on me absolutely for the management of this ward. Gentlemen, I have a sensitive nature and the unscrupulous remarks of irresponsible critics compelled me to give up the management of this affair and naturally enough, Sidhu Babu also stopped his grant. In this work I was helped greatly by Dr. S. Goswami. He only undertook to do this because he had to come to the school almost everyday and he very kindly devoted a portion of his time in looking after the sick people of the Hospital.

Now, then, gentlemen, I come to the topic of the day. The times are ominous and various influences are at work just now. First comes the Nationalist movement. The leaders of this movement have approached us with the request that we should hand

over the Institution to them to convert it, so to say, into a panorama for the play of the different pathies and systems of treatment that are in vogue in the city of Calcutta. Gentlemen, I leave it to you to decide what should be done in this matter.

Next I should mention the name of our well-known colleague Dr. Younan. He along with two or three other gentlemen who are recent converts to the ranks of homeopathy has lately applied for the first time for membership of the Society. We are glad that Dr. Younan has at last decided to join our ranks. I wish he had done so in the year 1905, for then we could have had much work done by him. But still we welcome him and his co-operation. Gentlemen, we the old office-bearers of this Institution are going out to-day and I thank you for the honour you did me by asking me to be your Superintendent and I feel happy to think that I was able to extricate this Institution from the horrible dilema into which it had fallen inadvertently. In the selection of the office-bearers to-day I would commend to your attention the names of two or three veteran Homeopaths who have expressed their willingness to help us in carrying out this noble work. The names of Babu Bijoy Chandra Singha, Drs. G. L. Gupta and A. N. Mukherji are known to you. They are veteran Homeopaths and I am sure they will fulfil the work of any office with which you may entrust them with credit.

There is one more suggestion that I should like to make and that is that two or three alterations should

be made in our Bye-laws. I think there should be one assistant Secretary to assist the Secretary in his work and there should be a Superintendent to manage the internal administration of this Institution Although you were kind enough to appoint me as your Superintendent and I have carried on the work at your bidding, I find that the bye-laws do not provide for a Superintendent.*

Clinical Cases.

I.

Rani of—Rajdhani, in the District of Murshidabad, a few miles from Catwa Station, aged about 45, had been suffering from an attack of chronic malarious fever for the last 10 or 12 months She had in the beginning dysentery with fever which was cured by Homeopathic treatment. A few months after this, she had high fever with gradual enlargement of liver, spleen, accompanied with obstinate jaundice, apthæ and ulcerated gum and prostration, so much so that she could scarcely turn her side. After treatment for many months by other local homeopathic doctors and doctors of Berhampore and Dahat, Raja Bahadur sent for me on the 24th February, 1920. I reached his place on the same day evening, when she was under the treatment of two

* The above paper was written by Dr. J N. Majumdar for the Annual Meeting of the Calcutta Homeopathic Hospital Society but it was never read — ED , I. H. R

other homeopathic doctors of Berhampore. The fever was then of quartan nature; it used to appear on every 3rd. day between 3 to 4 P. M. with great shuddering, temperature rose to 105-105.6 with cold extremities, whole body numb, no thirst during chill, but thirst during heat, sweat generally on the left side. Perspiration on the head, face and scalp, pains on the whole body continuing even during sweat. Much more prostration after sweat, even she was unwilling to speak with any body in this state and fell sleepy for few hours. During remissions, she had loose purging 3 to 4 times. She liked open air during apyrexia and desired to lie down on cold damp places and was fond of fresh, cold fruits and drinks. Puls 30 was prescribed, thrice daily, every 6 hours for two days during the state of apyrexia and only two doses of Placebo on the 3rd day before the attack. But no improvemet was marked, although the case was a true picture of Puls. Fever appeared just after 3 P. M. with great shivering on the third day with all the previous symptoms as before. Next time just on the decline of fever, I gave a dose of Sulph 200 only and a few powders of Placebo for two more days. No change. The same routine-like fever on the next paroxysmal day with all its accompanying symptoms. The next time after the decline of fever, I gave a dose of Lach. 200 only, seeing the great shuddering chilliness, oppression of the chest, terrible back-ache all along during paroxysm and very obstinate character of the disease. A dose of Lach. 200 completely

changed the picture of fever. Fever took the remittent type and continued for 6 days with all other previous symptoms but in a modified form. During this continued fever for 6 days, I only gave 3 doses of Puls 200 and a few doses of Placebo, every now and then, to satisfy the medicine-hankering thirst of the patient and Raja Bahadur. However, by the blessings of God, fever completely left the patient after 4 days and Rani Mata was gradually getting well day by day. Her pain and enlargement of liver and spleen was gradually reduced, diarrhœa disappeared, appetite increased, jaundice lessened, apthæ and gum-ulcer altogether cured. She was now in the convalescent state and in a fair way towards recovery.

II.

A Peculiar Infantile Cholera Case.

Babu—Roy's female grand child aged about 2, Serampore, had an attack of infantile cholera on the 17th. of May, 1921, Monday forenoon. The baby had been treated for the first day by her father, who had a family medicine box, and who assumed to have a fair knowledge of homeopathy. The father of the baby prescribed for her Veratr. 30 and Phos 30 alternately every half an hour, so I heard from the father, but why I don't know. The next day, on the 18th May,—Babu sent his son for me. I went to his house at about 10 P. M. and saw the baby in the following state. She was quite restless, changing place every moment, constant thirst, drinking

little at a time, pulseless, little clammy sweat and eyes sunken into the sockets. Purging and vomiting very often, stool just like water, vomiting of bilious nature, specially after drinking, but no spasmodic contraction. I left 8 doses Ars. 30, to be given every half an hour. Ars. had its desired effect. At 4 P. M. when I again went to see the child, I saw her little better,; stool bilious, of yellow colour, vomiting lessened, thirst diminished, the patient had a sleepy tendency after every stool. I advised to continue the same medicine at an interval of 2 hours. On the third morning I found the child much better. Vomiting stopped altogether, pulse was perceptible, not so much restlessness, thirst diminished but greenish yellow stool every now and then. A dose of Sulph. 30 only and no more medicine for that day. Next morning I heard she had passed urine twice in the night, and she was almost all right except she had frothy bilious stool at an interval of 2 to 3 hours and a little tendency to vomit. A dose of Ipec 30 and a few doses of Placebo. On the 5th day morning I heard, she was little restless last night, drank thrice and skin was little hot. On the same day noon I was called to see the new symptoms that appeared in the patient. Disturbed sleep, stupor interrupted by occasional piercing shrieks. Thirst, drinking little at a time but very often, sometimes raising the head from pillow, gazing on all sides and thrusting the finger ends in the mouth very often. I prescribed Apis mel 30, every 6 hours. The symptoms seemed to be

less gradually. But next day again just at 11 noon, all the symptoms appeared, specially accompanied with occasional piercing shrieks. I gave a dose of Apis mel 200 at 11 A. M. and a dose of Arnica Mont 200 in the night, when I heard after enquiry, that the baby had fallen from the mother's lap and got a great shock on the head. After taking Arnica 200, two doses, the piercing cry disappeared from the next day and no more complaint was heard. But after 6 days, again I was called on the 29th May, Friday, to see a new thing in the patient. She had got an œdematous swelling on the right hand just like the nature of erysipelas, skin very hot, the temperature rose to 106°, stool and urine completely stopped, great distention of abdomen, unquenchable thirst, palpitation of the heart and hurried respiration, which baffled the attempts of cure by any medicines and put an end to her life within a few hours. These last unanticipated sudden and unknowing horrible symptoms of the unfortunate baby had compelled me to consult with other two experienced and learned allopathic doctors for diagnosing the case but all were confused and said nothing but blood-poisoning.

III.

Infantile Liver.

Babu Birendra Nath Dey's female baby had been suffering from an attack of Infantile Liver for the last 6 months, the disease beginning after 2 months after her birth. She was a girl 8 months old. She had

enlargement of liver and spleen with jaundiced face and eyes, urine high coloured and yellow. Linen soaked yellow after urination. Stool was dysenteric, blood-mixed and with tenesmus. Temperature of the body generally between 100°-102°. Little perspiration on the neck, forehead and generally on the upper extremities in the evening when the fever was little less, very little thirst not very often. She had been all along under the treatment of the best allopathic doctors, who were experienced and enlightened L.M.S. of the town, from the very beginning. I was called by the father of the infant to treat the case on the 21st of March, 1921. I prescribed a dose of Nux vom. 200, as the child was all along under allopathic treatment. No medicine for 24 hours. Next day 2 globules of Calc. carb 30, in the afternoon when the temperature was less, because this was the time for teething, and perspiration specially appeared on the forehead. No medicines for the next 48 hours. Again on the 25th morning when I saw the child, she had no fever, but no symptom of improvement was marked as regards tenesmo-dysenteric stool. She passed 12 to 14 dysenteric blood-mixed stools during whole day and night and had become like a skeleton. My next medicine was Merc. sol 30, twice daily, morning and evening. The baby began to improve day after day under Merc sol 30 in every respect. The tenesmous dysenteric stools almost disappeared, jaundice much reduced, fever gone. After 8 doses of Merc. sol 30

for 4 days, the medicine was stopped for 2 days. Then a dose of Sulph 200 and no more medicine for a week, only a few doses of Placebo. To complete the cure another 4 doses of Merc. sol 200 were required. She was almost all right within a month. The diet was strictly sago, barley and sometimes pomegranate juice and not a drop of milk which was sufficiently allowed all along during allopathic treatment. But strange to say, the baby regained flesh day after day on simple sago and barley diet, but she was reduced to rechetic skeleton inspite of sufficient supply of milk during allopathic treatment.

IV.

Pulsatilla Nig on impending Labour-pain for 3 days.

A gentle lady of Serampore, aged about 19 years, had been suffering from awful labour-pain for three days nearly 56 hours. This was the first time of her pregnancy, so the family members were very much anxious and impatient for her safe delivery. I was called on the 21st of May, 1921, Saturday evening, during full moon, to consult about the case. The husband and other family members were so much impatient and despaired that they were contemplating of taking the assistance of mechanical ways for delivery and saving her life. I gave them full hopes and showed several other examples of the same nature of safe delivery by taking internal medicines only. I requested them to depend on me for that night only. I gave her 4 powders of Puls 30,

to be taken every hour. God knows, what and how are the wonderful, miraculous, charming powers of Hahnemanian drugs. Just half an hour after taking the 2nd dose, the gentle lady delivered safely one female child amongst the greatest joy and alacrity of the family-members at about 9 P. M. There was another difficulty about this delivery. The new born baby did not pass stool and urine for 48 hours after birth. An experienced and well-reputed passed surgeon was called after 2nd day, to examine whether there was any irregularity and deformity of the urethral passage and rectum of the female baby. But he found nothing wrong in them and advised the midwife to apply cold compress, ice just on the urethral passage and rub smoothly the soap-ointment on the abdomen under the umbilical region. But when the so-called attempts to relieve the baby by cold compress, hot compress, soap-ointment etc. failed, I was again called to do something for the new-born baby, if possible for me to do by internal medicines. I first gave a globule of Opium 6 dry on the tongue, which failed in 6 hours. I tried then a globule of Belladonna 30 in the same manner. God heard my prayer this time and the baby passed both stool and urine after taking a glb of Belladonna 30. Of course, my allopathic brothers shook their head and said it was nothing but nature's help. In conclusion I boldly say that I have saved the troubles of innumerable pregnant women from taking mechanical assistance for their safe delivery by internal use of few doses

of Pulsatilla 30, 6, 200 and Secale cor 1x and 6. I find Puls to be exactly what is claimed for safe delivery. For safe delivery it is invaluable. Most of our Homeopathic Physicians make it a routine rule to administer Puls Nig for labour-pain and in very many cases of uterine complaint. It is a great friend to the female, there is not the least doubt about it.

V.

Babu Surendra Nath Lahiri's grand son, aged about 2 years, Serampore, had boils all over his body with dysentery and catarrhal fever and was suffering for a long time. I was called on the 23rd February, 1921, to treat the case. First, the case was under Kabiraji treatment for a month. I gave the child a glb of Sulph 200 on the 23rd February and no medicine for 48 hours. No improvement. Next I gave him Arnica Mont 30, a few glbs, one glb to be taken at a time, thrice daily for 3 days. No improvement in the least, rather the catarrhal fever and mucous dysentery seemed to be greater. My 3rd medicine was Merc. sol 30, a few glbs, one glb at a time, thrice daily for three days. Merc. sol checked the catarrhal fever and dysentery and boils also subsided. Two doses of Sulph 200 more were required to complete the cure. Diet was strictly water sago and water barley.

ACIDOSIS IN CHILDREN.

(Continued from page 128, *No.* 4, *Vol. XXX.)*

Acidosis is always a serious matter. When well-marked symptoms of it occur in a child with diabetes, the condition may perhaps be relieved by treatment, but will almost surely return later. This is true of adults as well. The same is true also of well-marked acidosis in any other condition, as, for instance, in the food-intoxication and severe diarrhœa of infancy. Once the symptoms have become well developed, the prognosis is bad. Even although they are temporarily abated, and the alkali reserve of the blood reinstated, death will probably follow for reasons which we do not understand.

This brings us to the treatment, and this can profitably be condensed in a few words. It must be *preventive.* Should any condition be present in which acidosis is known to be liable to develop, this development must be guarded against. In the case of diabetes the greatest caution must be used in cutting off the carbohydrates without a simultaneous removal of the protein and of the fat. Any other course is dangerous. In fact, starvation is the only proper method of beginning treatment. In severe diarrhœa in infancy prompt measures must be used to check the large loss of alkali from the system by way of the stools. Initial purgation in such severe cases is more than useless ; it is dangerous. If there is no evidence of the presence of irritating substance in the bowel

as shown by the character of the stools and by fever and abdominal distention, astringents should be at once employed, and especially opium. In addition, in all cases where we fear the development of acidosis there should be a free administration of alkali, especially bicarbonate of soda, and enough should be given to keep the urine alkaline. Even in cases of well-marked acidosis the effort at least should be made to relieve the condition by restoring the alkali reserve. In all diarrhœal cases care must be taken that a large amount of water is administered in some way to replace that which has been lost from the intestine.

The treatment for acidosis from any other cause is similar.

—*The North American Journal of Homeopathy.*

ON VACCINOSIS AND ITS CURE BY THUJA OCCIDENTALIS, WITH REMARKS ON HOMEO-PROPHYLAXIS.

BY THE LATE DR. J. C. BURNETT, LONDON, ENGLAND.

Fear not, critical reader, this is *not* an anti-vaccination treatise, for the writer is himself in the habit of vaccinating his patients, *au besoin*, and he believes that vaccination *does* protect, to a certain large extent, from small-pox, though the protection must necessarily cease as soon as the vaccinated person has slowly returned to his pristine state of pure health.

The writer starts with this declaration just to clear the ground, and to explain that the following pages are neither pro-vaccinational nor anti-vaccinational in the ordinary sense, inasmuch as their scope is essentially one of ætiopathology and cure, and of Homeoprophylaxis. That is to say, the writer's aim is to show, 1st, that there exists a diseased state of the constitution which is engendered by the vaccinial virus (the so-called lymph), which state he proposes to call Vaccinosis, or the *Vaccinial State* ; and 2ndly, that there exists also in nature a notable remedy for said Vaccinosis, viz, the *Thuja occidentalis* ; and, 3rdly, that *Thuja* is a remedy of Vaccinosis by reason of its homeopathicity thereto ; 4thly, that the law of similars also applies to the prevention of disease.

Vaccinosis does not express merely the same thing a *vaccinia*, for the latter means the febrile reaction which occurs in an organism after vaccination, with special reference to the local phenomena at the point, where the vaccinial pus, or lymph, is inserted. Sometimes, also, the term vaccinia is applied to a general varioloid eruption following vaccination ; but here, vaccinia is commonly held to end.

Now all this is included by me in the term vaccinosis, but still *I do not* mean *merely this, but also that profound and often long-lasting morbid constitutional state* engendered by the vaccine virus, which virus we usually euphemistically term "lymph." Lymph, of course, it is not, but pus—matter—and way a specific virulent pus should be persistenly

called "lymph" seems somewhat peculiar, and is eminently unscientific. As I am a lover of purity, and incidentally also of philological purity, I call this "lymph" pus, because it is pus and *not* "lymph." The diseased state, then, engendered by this vaccinial pus, by vaccination, is *vaccinosis* ; and in it are *not* included any other diseases whose causes may be accidentally or incidentally contained in the vaccine pus,—such as scrofulosis, syphilis, or tuberculosis.

At the time of the publication of the first edition of this little work, I brought down the critics upon my devoted head on account of my having called vaccine-lymph *pus*, and thereupon I replied to my otherwise un-get-at-able reviewers by issuing a pamphlet proving my standpoint. I do not here propose dragging in the question of pus *versus* lymph, further than to say this : What the thing is called is of no consequence so far as my thesis anent vaccinosis is concerned, inasmuch as whether pus or lymph, it is only *as carrier of the virus* that it really concerns us. The virus of cow-pox when inoculated produces cow-pox or vaccinia (*vacca*, a cow). This is the accepted theory of vaccination. This granted, it follows that true vaccination must form pocks (pox), which we all know it really does. The end result of every successful vaccination is a pustular eruption, viz., pox (=pocks). Now, every pustule is first a vesicle, and in the vesicle the pus is lymph-like and clearish (not *so* clear as a *true* vesicle), but it contains leucocytes ; in a certain number of hours the vesicle-

contents become opaque, and no one questions that it is now pus.

Wherefore I maintain that the contents of a pustule are of the nature of pus, even though they be taken in the vesicular stage of pustulation, and the absolute proof that it is indeed pus, lies in the fact that if you successfully vaccinate a child with the so-called lymph, and the process goes through its natural course, you get as end results a local crop of—what? pustules, or pocks. It is very important to know exactly what we are dealing with, for calling the thing lymph is not fair and square. Let the great question of vaccination stand or fall on its own merits, and do not let us try to persuade ourselves and others that it is "lymph," and that "lymph" is a nice thing and as pleasant to contemplate as nymphs at play in a limpid stream. However, as before said, be it pus or be it lymph, it is all one to us in the consideration of vaccinosis, for it concerns us only as the carrier of the virus of vaccinia.

Wherein Does the Protective Power of Vaccination Consist?

Given a *perfectly healthy* individual who has never been vaccinated. We say to such a one, you must be vaccinated or you are liable to catch small-pox, which is often about. Let us pause to note clearly that the individual thus warned by us as being liable to catch small-pox *is perfectly healthy*. Now let us vaccinate this perfectly healthy person; and, the

vaccination succeeding, we say he is henceforth protected from small-pox. That is to say, this thoroughly healthy non-vaccinated person becomes more or less proof against the contagion of small-pox by vaccination, or, at any rate, it is so averred.

It may be safely admitted that no one can be *more* than perfectly healthy, and any modification or altering of perfect health must result in a minus, *i. e.*, *less* than perfect health ; and *less* than perfect health must necessarily be disease or ill health of some sort and in some degree.

Hence it follows that the protective power of vaccination is due to a *diseased* state of the body. [See Remarks on Homeoprophylaxis further on.]

Forms of Vaccinosis.

Vaccinosis shows itself as a formidable acute disease that may terminate fatally, or it may manifest itself as a chronic affection. The ordinary forms of vaccinia must be included under actue vaccinosis. The word Vaccinose (Vaccinosis) is used* in the homeopathic literature of Germany, though hardly generally accepted. So far as I know, it has no place in English literature, either homeopathic or general, at all. But the literature of anti-vaccinators teems with examples of "ill-effects of vaccination," "consequences of vaccination," and the like. Most of these would fall under the general term vaccinosis, but only in so far as they are due to "pure" vaccine pus. Here

* *Thuja occidentalis*, by Goullon (l. cit.)

let me remark that it is too often lost sight of that "*pure* vaccine lymph" means vaccine pus (matter) and nothing else, just as we would say *pure* consumption, *pure* syphilis, *pure* poison. The general idea is that *pure* vaccine lymph is as harmless as bread and butter.

Chronic vaccinosis more particularly lies completely beyond the ken of ordinary medicine, and although it will sometimes turn up in literature as "ill-effects of vaccination," it is, nevertheless, but an unrecognized waif, much to the disadvantage of suffering mankind and of medical science. It has not yet been sufficiently studied to be readily† defined; except casually, indeed, its very existence is not generally admitted. But a study of the following cases will afford ample evidence that its symptoms are *very like* the pathogenetic symptoms of *Thuja occidentalis*.

A few preliminary remarks on vaccinosis may here follow before we go to my clinical evidence.

For convenience' sake let us call the vaccinated person a *vaccinate*.

Latent Vaccinosis.

The vaccinate is one who is suffering from vaccinosis; he may not be ill in the ordinary sense, but he must be in a subdued morbid state, he has been blighted, or he is no vaccinate; it is his diseased condition that protects him from small-pox.

† See, however, the writings of Wolff, Rummel, Bœnninghausen, von Grauvogl, Kunkel, and H. Goullon.

Some may, perhaps, say that vaccinosis is the same as vaccinia ; that is, however, not so ; vaccinosis is vaccinia and something more, for if a person is vaccinated unsuccessfully he has *not* had vaccinia, whereas some of the worst cases of (my) vaccinosis which I have met with were just those in whom the vaccination did not "take," as the saying goes. Hence I must call attention to what I believe is a fact, viz., that it often *does* take deep hold of the constitution without calling forth any local phenomena, and, not only so, but such cases may be even very severe in their *internal* developments, manifested by the supervention of various morbid symptoms after vaccination. Let us dwell a little on this novel assertion, I was going to say *fact*, yet probably very few will admit that it is a fact at all, but only a fad of mine, since everybody holds that if the vaccination does not "take" the individual has remained uninfluenced by the process of putting vaccine under the cuticle. In other, words, when a person is vaccinated and does not take, is, in fact, unsuccessfully vaccinated, it is held that said person is proof against vaccination, and we certify accordingly. Every one believes that the unsuccessfully vaccinated individual has not in any way been affected or altered by the vaccination.

Close and minute observation, however, teaches me that such is by no means necessarily the case, for not a few persons date their ill health from a so-called unsuccessful vaccination. My own conception of the thing is just this : The vaccinated person is poisoned

by the vaccine virus; what is called the "taking" is, in point of fact, the constitutional reaction whereby the organism frees itself more or less from the inserted virus. If the person do not "take," and the virus has been absorbed, the "taking" becomes a chronic progress—paresis, neuralgiæ, cephalalgiæ, pimples, acne, etc. The less a person "takes," therefore (in such a case), the more is he likely to suffer from chronic vaccinosis, *i. e.*, from the genuine vaccination disease in its chronic form, very frequently a neuralgia or paresis.

Most practitioners will agree that neuralgia is more prevalent now than ever before within the present age, and experience has forced me to ascribe many such cases to vaccinosis.

If my colleagues object to my ætio-pathology of such neuralgiæ, perhaps they will favor us with a more satisfactory one. The word "neuralgia" covers such a multitude of sins in the world of nosology and pathology that my hypothesis is as exact science compared therewith!

But what evidence have I to offer that shall go to show whether there is such a disease as vaccinosis? or, that being conceded, whether *Thuja* can cure it?

I will first repeat that I do *not* claim to be the originator of this clinical application of *Thuja*; Bœnninghausen was, I believe, the first to point out the homeopathicity of *Thuja occidentalis* to small-pox itself, and thence its use was extended by Kunkel and Goullon to the curation of the ill-effects of

vaccination, or vaccinosis as I propose to call it. My attention was first arrested by hearing of Dr. David Wilson's use of *Thuja*, and then a perusal of Dr. Kunkel's pamphlet and Dr. Goullon's monograph on *Thuja* showed me the great importance of *Thuja* as a dynamic antidote to the effects of vaccination.

Let us now pass on to the consideration of some cases of what I call vaccinosis, and of the behavior of *Thuja* therein.

A Severe Case—A Dying Baby.

Very early in the year 1881, I was called to see a baby in Harley Street, about ten weeks old; its mother thought it was dying. She had previously lost babies by death, and knew what a dying baby looked like. The wee patient had begun its life's journey on the bottle; but, being overtaken by the measles, it nearly died, when a wet nurse was obtained and the baby rallied and began to thrive. But a new wet nurse had to be obtained, as the first went dry from over-feeding. The new wet nurse was healthy and strong, but, having gone into the Marylebone workhouse with her own very fine boy, she was revaccinated the day before she was removed therefrom to take charge of the patient in question. The baby throve for two or three days, and the mother was just congratulating herself on her success, when one afternoon it went very ill, and getting much worse towards the evening, the mother sent this message to me—"I think baby is dying." I visited the babe in

the warm and airy nursery, and investigated everything. There was nothing to account for the sudden change. Baby was ghastly white, and in collapse. On questioning the wet nurse as to her own health and state she remarked that she was quite well (and she looked it, and had a notably good appetite), but she said her revaccinated arm "was a little painful." The vesicular stage of the local vaccinial eruption was just at the point of turning to the pustular.

I thought the matter over a little, and came to the conclusion that the poor wee thing was, in point of fact, sucking the vaccinial poison from its nurse through the milk. Therefore, I gave *Thuja* 6, in pilules, both to babe and nurse, but whether every half hour or every hour, I do not now remember. Calling later in the evening, I noticed baby was asleep and looking a little less ghastly. Next morning it was indeed still pale, but practically well; *and the vaccinial vesicles on the nurse's arm had withered*, and they forthwith dried up completely, in lieu of becoming pustular. That baby never looked back, and is now a bonny child.

It is not possible to prove, of course, that this apparently dying baby was suffering from vaccinosis. It lay apparently dying; I feared it would die. But *some* points in connection with this case are incontrovertible. For instance, it is a *fact* that the nurse had been revaccinated; it is equally a *fact* that she was suckling the baby; the baby was desperately ill of something; it got *Thuja* and began to mend forthwith.

Moreover, and this point is significant, the vaccinial vesicles in the nurse's arm *withered* instead or going on to their usual development. Hence some disturbing influence must have intervened in her organism, and the only thing I knew of was the *Thuja*. If the *Thuja* had no effect upon the suckling woman, what made the vaccinial vesicles wither ?

Let us suppose that they withered because the milk drained off all the virus. But the baby sucked the milk, and was *very* ill ; and the withering of the vaccination vesicles. was *synchronous* with the prompt and evident *amelioration* in the child.

But that is only one case, and proves nothing; there are strange coincidences in organismic life as we all know.

—*Homeopathic Envoy*.

AN ADDRESS PRELIMINARY TO THE STUDY OF HOMŒOPATHICS.

BY JAMES TYLER KENT, A.M., M.D.

It is not an easy grade to the pinacle of pure Homœopathy, or as it should be admissible to say, to Homeopathy. I know that the statement admits that there is a quality of Homeopathy prevailing not strictly pure, which is so true that argument opposing it is unnecessary.

The condition of medicine leading up to the new system nearly a century ago could scarcely be written

or spoken of *forcibly enough* to impress the mind with the *gravity of the situation*, or to *portray* the injury to the human race. At that time medicine was in a state of chaos. Hardly can it be said that there was any good in it, and, as to its history, it was entirely traditional. It was composed of powerful and drastic measures, and its only claim to respect was that its measures were sure to *kill speedily* or to cure *lingeringly*. These measures were bleeding, cupping, leeching, vomiting, cathartics, sudorifics, soporifics, etc.

To what extent has medicine advanced? Have the numerous fads and fancies furnished the world with a better system of old medicine than then existed? Is the deadly administration of concentrated compounds, alkaloids and resinoids a better and safer system? Then, drugs in massive doses were hurled through, but now they are administered in such a form that they are diffused throughout the body, depressing the vital energy and ultimating disease forms. Then they used coarse forms of crude drugs and now they use the dangerous, concentrated forms of deadly drugs, and, as much now as then, *without law or principle*. Then the physician compounded his own medicines, now the chemist and pharmacist prepare the nostrums and inform the learned (?) doctor in regard to the fullest particulars and uses, in order that he may be prepared to administer these potent concentrates to the dying sick. These new agents come from the laboratories so rapidly that the druggist can no longer keep posted as to the names—much less the

physician as to the properties of the medicines he uses. No sooner has a flooring of concentrates been threshed out than a new one comes, so that every year an entire Materia Medica, new and clean, is manufactured for the use of this highly learned profession.

How different is this from the remedies used by the New School! Remedies once proved and verified stand as a fixture, under the same specific indications, so long as man dwells upon the earth and needs aid for sickness. *The remedies discovered by Hahnemann will stand the test of experience for the ages to come, as they have grown stronger by use since their discovery.* Fifty years have built and confirmed the Homeopathic Materia Medica, while the Old School has had many new ones, and, like the shifting sands, no man can predict where the next one will come from, nor the ending of the one now in use.

Many changes have come over this system of traditional medicine. Its adherents, failing, by their methods, to obtain the expected results, and jagged by the thorn in the flesh—Homeopathy's success—have betaken themselves to profound research, which has been heralded by mighty leaders: Koch, Pasteur and others. The chaotic jumble now denominated scientific medicine is a stench in the nostrils of rational men, and ought to be patented for a modern medical kaleidoscope. *Such is the boasted medicine of experience.*

A microcephalic of Philadelphia some years ago offered one hundred dollars as a prize for the best

essay exposing the fallacies of Homeopathy ; so great is the task, he makes a great offer. But how inexpensive it would be to secure an essay on the fallacies of traditional medicine ! So-called "régular medicine" has made many changes, as silly as they are numerous, because not based upon law. Its votaries speak of progress. What can they mean !—with no principles to conserve, no law to obey, and only speculation to offer as the foremost elephant of the advancing juggernaut ? *It is the medicine of lawless experience and speculation. It is not a result of discoveries, but the opposition of disgusted patrons and Homeopathic statistics, that has impelled the apparent industry in this so-called science.* It has not been for the love of the dear people whom they mock in the wards of public hospitals that they have changed, but the spur of comparative failure and chagrin following the useless experiments upon the sick *a la* Koch, Pasteur, etc.

The moderation observed in dosage has been so worthy of imitation that even the pseudo-homeopath finds consolation in the fact that he can hoodwink a confiding public with these deceptions—they so resemble homeopathic forms of medication from which they were taken. But the simple only are thereby deceived.

For the deceptions practised by pretenders in our own ranks there can be no need of apology. They and their faults are too well known, and the causes are :

First, The increasing demand for the genuine.

Second, The comparative infancy of the new system.

Third, The imperfection of the machinery of instruction.

Fourth, The imperfection of books.

Fifth, To generalize, want of opportunity, capacity and desire.

Allopathy concerns us very little ; its way and that of Homeopathy have long since parted. Homeopathy has made grand strides. We recognise Hahnemann as a great master, a loving father and a God-fearing man.

In 1833 he finished his master-piece, the ORGANON, of which there are many translations, it having gone through five editions, the first of which appeared in 1810. The growth and prosperity of this great system of medicine have gone on until thousands of physicians are practising it, and colleges, hospitals, dispensaries and journals are spreading it to the ends of the civilized world. The continued study of the doctrines of this new system is leading to better application, and the unsettled questions of the past are rapidly diminishing. Hundreds of practitioners now scattered over the land rise up to testify to the fullness of the law and the success following obedience to principle. Their testimony is a satisfactory demonstration that Homeopathy pure and simple is all that is desired in the cure of the sick, that the law is universal, and that failure must come from causes above enumerated. Obedience demonstrates that

Homeopathy rests upon fixed principles—on a law—and not on a mere rule of practice, to be changed for something better, or when fancy dictates a new whim. (ORGANON § 2.) As well say or suppose that the apple could do otherwise than fall to the earth when its stem is disconnected from its mother tree.

There can be but one great system of Homeopathy. Men who rise to the fullness of uses in its application have broken the fetters of prejudice, bigotry, intolerance and self conceit, and have followed on after the light—never faltering though often stumbling, never sneering though often doubting—until the full heat and light of the mid-day sun hold them spell-bound in the knowledge and love of uses. These attainments are within the grasp of all who love knowledge for uses and not for selfish ends.

Homeopathy exists in varying degrees as to application, from the crude, with admixture of traditional methods, up to the highest results of absolute obedience to known law. Every practitioner admits the value of the law by his efforts to follow it, inasmuch as he practises to the fullest extent of his knowledge and turns aide only where knowledge of law is defective. Then it follows that the degrees are only the shadings from ignorance to knowledge, and they are almost infinite in number from the kind-hearted mother with her family medicine case to the discriminating master, all honestly seeking the happiness of human kind or mercenarily grasping to sell relief of pain for filthy cash.

The inexperienced must be assisted and instructed in order to practise Homœopathy without resort to traditional medicine. *But assistance can be of use only when desired and appreciated.*

To acquire the knowledge necessary to conduct a practice without resort to doubtful methods demands arduous toil and constant application, while the mind is held in a receptive attitude and the longing of the heart is for truth *because it leads to what is good* and not to sell it for a price,

The doctrines of Homœopathy are elevating and simple to the mind that is right, and, when known, following their dictates is easy ; for it is easier to follow well-marked paths than to flounder in the mire of traditional medicine. It is hardly necessary to affirm that one who knows how to be obedient to fixed principles has no incentive to, and will not, depart from them. It cannot be denied that many seek, and few discover, the pure doctrines of Homeopathy. That many would call the necessary labor too great a sacrifice cannot be disputed. That the Creator knows to whom to intrust His sacred truths I have no doubt. That any man who seeks the elevation of man and will work earnestly shall receive his portion should not be disputed. It is impossible for him who is ignorant of the principles of Homeopathy to realise the great good to man that can come from a full knowledge and application of the *law of similars.*

They who are ignorant of the higher and fuller uses of Homeopathy assume that they are wise, or

that knowledge of fixed principles does not exist, and declare that the use of anodynes is justifiable when the appropriate homeopathic remedy is not known. They often use such agents to the detriment of the patient and of the system which they profess to believe is founded on faw. They are unable to see that obedience to law is liberty, and suppose that license to violate law can be granted by themselves.

Obedience to principle must stand before the pocketbook, reputation or other selfish motives, or the physician cannot rise to the constant and perfect reliance upon law with the feeling of satisfaction, and that it is right and all that is good to do. In every instance where disobedience is urged, the impulse is ignorance and selfishness, to the end that man pays tribute in some way to the physician, instead of the physician serving man. The question : "Why not rely on law ?" has never been answered but in two ways: "I do not know," or "It is not profitable."

(To be continued.)

—*The Homeopathician.*

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"The knowledge of disease, the knowledge of remedies and the knowledge of their employment constitute medicine."

—HAHNEMANN.

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HOMEOPATHY IN SURGICAL CASES.

How often we have seen the remarkable efficacy of homeopathic medicines in such cases as carbuncles, sinuses, fistulas etc. Very often we find surgeons rushing in and operating rashly when it could have easily been avoided and the patient cured with a few doses of the indicated remedy. Even in such cases as appendicitis, remarkable results are obtained by the administration of the Homeopathic medicine. Only lately I had occassion to treat a case of carbuncle on the back in an old man of 60, where the sore had assumed dangerous proportions. It was about 8 inches long, 4 inches wide and more than an inch deep. The man was highly diabetic and the urine showed di-acetic acid and acetone. The patient was in a critical condition, the pulse was very frequent, the heart's action tumultuous and irregular. Blood poisoning was imminent and an immediate operation

had been advised. With such remedies as Lachesis 200, Anthracin 30, Arsenic 200, Calc phos 30, Silicia 30, and 200 and Hepar sulph 30, the patient made a complete recovery within two months.

In another case of appendicitis, the patient was cured by homeopathic medicine even after suppuration had taken place. The case came to me at the very beginning even before the suppuration had taken place. But unfortunately for him, he had many allopathic friends and they prevailed upon him to try scientific medication. They said, that he being an educated man should not trust to homeopathic quackery. So the best allopathic surgeon was called and he also tried to avoid the operation. At first boric compresses &c were applied. But after a week the fever increased, the affected parts became very tender, and there was imminent suppuration, so that an early operation was advised. But the patient was very obdurate and refused an operation resolutely. He sent for me and wanted me to treat him again. I had to tell him that his condition was very much more serious but I would try my best. Hepar sulph alone cured this case. First I gave the 6th in frequent doses and then I gave two or three doses of the 200th at longer intervals. Within 6 weeks, I was able to send him back to his place of business completely cured. Many more such cases may be narrated.

(J. N. M.)

Clinical Cases.

P. C. MAJUMDAR, M. D.

I.

Bright's disease—Kali carb. An elderly gentleman at Chorebagan suffered from dyspepsia, acidity and tendency to cold and catarrh for a long time. His present conditions were that he had swelling of legs and thighs and genital organs. Abdomen was also slightly swollen and ædimatous, slight rise of temperature at night, troublesome cough, pains in various parts of the body. Bowels obstinately constipated. Difficulty in breathing, especially on walking and going upstairs, thirst, not much burning of hands and feet. Urine scanty and high colored.

On examination of chest some dry, sibilant rhoncus was heard in the right upper chest, not much dullness on percussion. Heart sound normal but quick.

I gave him Apis mel 6x, morning and evening for four days. Slightly better. Fever persisted but urine increased and patient felt easier, breathing better. Placebo for two days. Improvement stopped and swelling increased again. Cough worse. Apis. 30, morning and evening.

Not better in any way. I gave him a dose of Kali carb 30, three times a day. Better as regards cough, fever and breathing. Swelling remained the same. Continued Kali c. 30.

Not very much better with regard to swelling. Gave Kali c. 200, one dose, followed by Placebo.

Urine increased and swelling gone down. Placebo.

In short he improved in every way ; cough ceased, breathing almost normal and swelling was gone,

No more medicine required. Urine was analysed and was said to contain albumen and granular cast, with a specific gravity of 1012.

In these cases strict diet must be ordered. I gave him only Barley-water with *manmanda* which had the good effect in these kinds of cases. After he was half cured I allowed him chapaties with milk but not much sugar.

II.

Piles—Causticum. Babu T. Chakraburty, aged 56, thin and emaciated, came under my treatment for piles from which he had suffered long. Nux vomica and Sulphur was tried many times by a homeopathic physician with occasional and slight benefit. The following symptoms were observed.

There were bunches of piles externally on the verge of the anus. They were very sensitive to touch. Obstinate constipation, stools hard and crumbling, great exertion was required. Passed stools better by standing, oozing in anus of thin fluid, had a buring pain off and on for a long time.

Taste in the mouth was bad, greasy feeling in mouth. Suffered off and on from acid dyspepsia. There was bleeding from the piles.

I at once gave him Causticum 200 three times a

day for two days. Improved at once, bleeding stopped and pains relieved then and there. No more medicine required. Cure was permanent. I treated this case in 1901 and I think now, so many doses would not be required.

III.

Gangrene of foot—Echinacea. An elderly busy man with robust constitution had a prick in his right foot by the nail in his shoes. With this he walked and attended business. There was bruised feeling in the whole foot the next day. In another day it grew so bad that he had to consult his allopathic family physician, who applied some medicine. It became worse, an abscess was formed. All allopathic applications and some mixture had no effect; it went on increasing, pus was formed and it was operated upon, sores not healing but spreading with awful burning and aching in the parts.

Sores gradually spread upward and invaded the upper surface. Another operation was made. He got high fever now. Cerebral symptoms were developed and ulcers assumed a malignant character. Pus with stinking smell and sanious in character. I was called in this stage by a friend homeopathic doctor. We gave him Arsenic 200 and Lachesis 200 for three days. Not much effect. I suggested Echinacea 3x internally and mother tincture two drams in a pint of water for a wash and the same to be applied over the sores. In two days the horrible smell from the wound was

gone and healthy appearance of part noticeable. Fever subsided with copious perspiration.

The same medicine cotinued twice daily with lint soaked in same lotion applied externally. In a week's time his condition became much better. The fear of sepsis from the mind of the allopathic doctors was gone and the patient was improving fast.

In short, he was cured in a month. My allopathic friend told me frankly that he did not expect such ready effect from my medicine in checking the onward progress of the disease so nicely.

I gave him simple diet, only slops during the fever and chapaties and *Moong Dal* subsequently.

ON VACCINOSIS AND ITS CURE BY THUJA OCCIDENTALIS, WITH REMARKS ON HOMEO-PROPHYLAXIS.

BY THE LETE DR. J. C. BURNETT, LONDON, ENGLAND.

Now let me narrate to you another case of acute vaccinosis, but before doing so it might not be amiss to interpolate an observation by. J. T. Harris, of Boston, and published in the *New England Medical Gazette*, for June, 1883. I quote it entire, because it strengthens my position somewhat ; it runs thus :—

A CASE OF TRUE VACCINIA IN A CHILD FOLLOWING THE VACCINATION OF HER MOTHER.

On the 13th of February, 1882, I called at the

house of Mr. G——, intending to vaccinate his two children, one about three years old, the other a seven months' babe at the breast, whose head, face, arms, and legs were covered with eczema, *crusta lactea*, from which it was suffering severely. Fearing an aggravation of the humor from complication with the vaccination, I declined to operate, giving as my reason that I thought the child was suffering already; that she would be more feverish, irritable, and would require greater care if vaccinated than at present. Although the three-year-old child was troubled with the same form of humor. I vaccinated her and also the mother. Both vaccinations took, and ran the usual course without much constitutional disturbance. The fifth day after the operation was Mrs. G——'s sickest day. She then had headache, backache, fever. and chill. The vaccination developed normally, but more rapidly than usual.

On the first day of March the baby was more restless and feverish, requiring constant care. On the second day the mother noticed a number of little red pimples upon the child. These increased rapidly upon the face, arms, and legs. I was called to see the little patient on Saturday, the 4th of March. The little pimples, at this time, were very numerous, had increased in size ; the areola quite red ; some swelling ; baby feverish ; temperature 102. To the question, "What is it, doctor ?" I frankly answered, "I do not know ; it is not small-pox nor chicken-pox. I shall have to wait until it is more fully developed."

On Sunday morning, the fifth day of the fever, the vesicles were forming and more or less filled with lymph, and in the afternoon some were umbilicated. Fresh eruptions were also developing, and upon the face, arms, and legs—those portions of the surface most severely marked with the eczema—the new eruption had become confluent, the whole character of the eruption resembling that of small-pox. There were, without doubt, between four and five hundred well-defined circular vesicles upon the child during the course of the disease. I invited Dr. Miles to see the case on Sunday afternoon. After a careful examination we concluded that it was a case of vaccinia, communicated to the child through the mother's milk. That there should be no mistake, however, I called upon Dr. M'Cullom, the city physician, reported the case, and invited him to see the patient with me, which he did on Monday morning. Dr. Martin, of Roxbury, and Dr. Cutler. of Chelsea, also saw the case. and were much interested in it.

On Monday, Tuesday, and Wednesday, the sixth, seventh, and eighth days, there was much swelling of the face, arms, and legs, where it had taken on the confluent form. The little patient was quite feverish and restless. On the seventh, eighth and ninth days was quite hoarse, and had some difficulty in swallowing. All the symptoms gradually diminished after the ninth day, and many of the scabs were rubbed off. On the seventeenth day very red adherent scabs remained. *Acon.* and *Tart. emetic* were the remedies used.

At the present time, May 14th, the child shows pits, not deep however. The parts where the eruption was confluent are still quite red. The eczema, however, seems to have left for good, and I am in hopes of seeing a good clear skin before many weeks. Although the diagnosis the first few days was obscure, all doubt was removed and it was pronounced a case of vaccination from the mother. You will note that on the fifth day after re-vaccination of the mother the paroxysm of fever occurred, the ten days after the baby was feverish, and the eruption made its appearance one day later. We can therefore call it fourteen days from the time the babe first took the milk impregnated with vaccinia from its mother. If the system can thus be so thoroughly impregnated with vaccinia, may we not also fear various and worse evils from the milk of unhealthy and unclean nurses?

My remark to this instructive experience of Dr. Harris is, that *Thuja occidentalis* was more Homeopathic to the case than *Acon.* and *Ant. tart.* It shews that vaccinia may most probably be sucked by the babe in the milk, though this is not conclusively shown inasmuch as it may have been a case of small-pox in the suckling.

The same transmissibility of disease through the milk has been observed more than once. For instance —On Christmas-day last, 1883, M. Layet and a number of medical men, veterinary surgeons, and others, examined and reported on an alleged case of spontaneous cow-pox occurring in a milch cow at

Cerons near Bordeaux. The animal presented on the teats and the neighboring parts of the udder a considerable number of small pustules, most of them already dried and covered with black crusts, but some containing a more or less milky fluid. The eruption was confluent, and there were no umbilicated pimples. It had made its first appearance on December 22d. On December 26th, six or seven tubes were filled with the fluid from such pustules as had not already burst. The reporters state that an infant fed with the milk from this cow had at the same time presented very similar symptoms.

I now revert to my narrative.

Observation ii.

ACUTE VACCINOSIS.

Aug. 21st, 1881.—On this day there was brought to me a little boy, of five months of age, on the bottle, and I was informed that he had been ailing a week, beginning with violent vomiting, loss of appetite, and greenish slimy diarrhœa. The chiid lookd very ill, pale; upper eye-lids drooping; tongue very thickly coated, moist; temperature high; throat severely ulcerated; deglutition painful; on the anterior aspect of the uvula one saw an open ulcer of about the size of a large split pea. The greatest distress lay in the throat—the mother brought him on this account; it pained his throat, which was visibly and demonstrably severely ulcerated; so I gave him *Kali chloratum* 6, trituration, a dose every hour, and ordered him to be

kept in a room with a good fire, and windows open.

Aug. 22d.—I called and found him no worse ; more could not be said. He had had a very restless night. He was profoundly weak, hence I gave *Kali phos.* 6. in alternation with the other medicine.

23d.—Not quite so weak, but the green slimy diarrhœa continues. To have *Merc iod.*

24th.—The tongue had begun to clear a little on the left side, but otherwise there was no material change except that he could swallow a little better. Baby was very weak ; his mother looked up at me, and the anxious father kept his eyes fixed on my visage, as I sat and studied the little manikin : he looked very pale and very ill and weak ; could not be got to notice anything, but perpetually whined in a piteous little way. I do not know when I ever felt the weight of responsibility greater. Previously I had carefully inquired about the drains, and had ordered the milkman to be changed, and was careful to seek for the real origin of the child's illness, but I could not trace it to anything. The dwelling was healthy, the bottle clean, and there seemed nothing to account for the illness. Suddenly it occurred to me to ask when the child had been vaccinated. The answer was, on the 12th of July. I learned also that the child had a very bad arm, and that the present illness commenced on the day on which the last vaccinal scab fell off the arm. This shed a light upon the case, and allowed its true ætiopathology to be understood. The disease

evidently was an en-exanthem, an eruption on the lining membrane of the throat and gut, due to the vaccination; and the vomiting, diarrhœa, and sore throat started just as these inside pustules broke and discharged their contents, and the feverishness was synchronous therewith. The child's organism had essayed to free itself from the vaccinal poison by an eruption on the internal mucous membrane. Had the child been stronger, the eruption would probably have been on the skin in the form of an exanthem simply. I prescribed *Thuja occidentalis* 30, one-drop powders, one every two hours, and no other medicine.

25th.—Much better, began to mend (in the mother's opinion—and what more competent?) "very soon after the first powder." Has slept better. To continue the *Thuja* powder.

28th.—I called to say good-bye, and found the little one still rather weak, but well and cheerful, and at play on his mother's lap.

Here *Thuja* 30 brought health to the child and joy to the home.

Of course, this case is not conclusive either; for the effects of the vaccination—my vaccinosis—may have been working off, and the fact of the sudden amelioration immediately after the exhibition of the *Thuja* may have been a mere coincidence. Pretty well all *acute* cases are open to this objection, and hence I will relate no more cases of acute vaccinosis, they prove nothing, it can merely be a question of probabilities. I am satisfied that these two cases were genuine examples of

acute vaccinosis, and that the *Thuja* cured them, but others will, perhaps, demand further proof before they believe either in vaccinosis or in *Thuja* as its cure.

So let us pass on to the consideration of some chronic cases of the vaccinial state, or vaccinosis. For the sake of reference let us number the observations. Two I have narrated, and so we come to

Observation iii.

PUSTULAR ERUPTION.

Mr. J——, a hale-looking, middle-aged London merchant, came under my observation on November 3d, 1881. Said he, "I am not a homeopath, but twenty years ago I had eczema, and the allopaths could not touch it, so I went to a homeopathic doctor, and he cured me." And he went on to say that he believed in homeopathy for skin diseases. On the left leg he had a pustular eruption, due, he believed, to a bruise. He had also eczema of the ear, and he volunteered the information that ever since his second vaccination he had been subject to eczema. The eczema of twenty years ago was soon after the re-vaccination.

℞ *Thuja occidentalis* 30. Four three-drop powders to the two dozen. To take one, dry on the tongue, three times a day.

He came in a week nearly well; the pustules had at once begun to wither.

The *Thuja* was repeated, but in less frequent dose, and the patient subsequently sent word by his brother to say that his skin was well, and he himself too busy to show himself as he had promised.

This case also proves nothing, because any one might get a pustular eruption after a bruise, and be quickly rid of it, without either suffering from vaccinosis or getting *Thuja*, supposedly, to cure it. The fact is it is exceedingly difficult to absolutely prove any thing clinically at all. The patient himself attributed his cure to the powders, knowing of old the very stubborn nature of all his cutaneous eruptions.

Observation iv.

PUSTULAR ERUPTIONS.

Miss——, æt. 18, was re-vaccinated in July, 1881, at her parents' country residence, thirty miles from London, by the local surgeon, with "lymph" direct from the calf. The operation was very successful and she had a very "fine" arm. But as the "arm" was just at its greatest perfection she got an eruption on her chin, covering its whole extent and involving the lower lip. The thing was very unsightly, and had a singularly ugly repulsive aspect. The gentleman who had done the re-vaccination was of opinion that Miss——had got some of the vaccine virus on to her finger-nails and inoculated herself by scratching. The sequel, however, showed that the chin manifestation was from within. The surgeon had ordered applications, two of which were vaseline and zinc ointment, but the eruption on the chin was not to be got rid of. The young lady had to wear a dense veil to hide her face when driving out. She was brought to London for my advice, and I gave *Thuja* 30.

In a fortnight she was out and about, and only some diffused redness of the skin remained, but no scar or thickened skin. Now, it might be objected to this case that the *Thuja* had *nothing* to do with the disappearance of the eruption, because it was just the history of the disease : it ran through its natural course and died. I thought that to myself at the time of prescribing it, but against this was the fact that the arm had healed already, and it had passed the natural course of vaccinia by at least a fortnight when I first prescribed the *Thuja*. But to have a test I gave her brother, who also had a somewhat similar pustular eruption (and who had been re-vaccinated at the same time), but more spare, and instead of being on the chin, it was around the left nostril. I say, to have a test, I gave this brother of Miss——*Antimonium tart.*, which is also, as every one knows, apparently homeopathic to such a pustular eruption. This boy's case will be

Observation v.

This is the brother of Miss———. (*Observ. w*)

The two eruptions were similar, though the boy's was comparatively trivial, and of the same age, and from the same cause, *i. e.* from the vaccine virus. The patients went into the country, and in two or three weeks' time the mother wrote that the young lady was well, "the medicine soon put her right, was her expression, but the boy had "a bad cold in his head ; nose-bleed ; left side of nose swelled and red ; two little spots of matter, the size of

a large pin's head, at the edge of the nostril, and below it, having something the look of ——'s chin ; his arm is also not well, and he has had four little pocks about the vaccination marks." I sent *Thuja* 30, and he was reported well in ten days.

If any one can account for the cure of these two cases independently of the *Thuja*, his ingenuity is greater than mine. That they were causally connected with the re-vaccination admits of no doubt whatever. Nevertheless it does not do to be quite sure of one's facts ; sources of error are often very occult.

—*The Homeopathic Envoy*.

AN ADDRESS PRELIMINARY TO THE STUDY OF HOMEOPATHICS.

(*Continued from page* 160, *No.* 5, *Vol. XXX*).

When we comprehend the wonderful work that Hahnemann performed and the magnitude of the ORGANON (which was so complete, as he left it, that no man has been able to add to it, nor, in spite of sneers, been able to take from it), can we refrain from reverence and the tacit belief that he was aided by all-wise Providence? When we consider how ably he opposed the pathological theories of his day (the pathological notions of a century ago, now abandoned, were advocated then with as much assurance and pertinacity as those now in vogue, as the Old School accepts and abandons theories as flippantly, and with as profound reason, as a siren, her lovers) ; when we

realise the extent of his learning in all branches of science, the wonderful physical endurance that enabled him to remain every third night in reflection, and the love that, under all circumstances, he manifested toward the human race and God ; and when it is known that the source of man's love is the fountain of inspiration ; then may we comprehend the depth of truth in, and properly revere, his masterwork, the ORGANON OF HEALING.

Indeed, has it been said by all masters since its writing that new truths come out of it, after every reading, to suit the varying degrees of advancement in the progress of each faithful observer, no difference how old nor how wise. The masters of these living doctrines and the materia medica have been constant readers of this great work. Not one of the great prescribers has ever claimed a discovery not fully set forth in this work, but all in their greatest accomplishments have said that they based their successes upon the ORGANON It is the first book for the student to read, and the last for the old and busiest physician to ponder over.

When Lippe, Wells and scores of others advocated a continuous reading of this book during their long careers, should we not similarly look upon it with a feeling of profound respect ? Should we not crave the hidden truths that have made these faithful followers of law so successful ? To whom would a rational man apply for light when desiring to follow law in healing the sick and measuring out uses to man ?

Naturally to Hahnemann and his faithful adherents, and not to those who smile at what they choose to consider the ravings of an aged man.

There are some professed homeopaths who, by words and actions, denounce Hahnemann as a theorist, a fanatic, and as visionary, but these have never cured sick people as Hahnemann did. Let all men learn of him until they can do as he did ; for he was, and still is, the teacher above all others. He was the first advocate of Homeopathy, and we must look to him, and all deviation from his teachings should receive another name.

There should be no controversy with men when principles are the things considered. The truth often cuts men deeply and urges to dispute, and wounds thus made seldom heal by first intention or without loss of blood. Controversy seldom teaches him who does not seek the truth. The rational man accepts the truth because he is prepared for it and because it is truth. The sick come in distress after all else has failed, and they are in a receptive attitude ; while the old and hardened follower of traditional methods comes in the attitude of rebellion, and his egotism and bigotry cannot be overcome. To him the sunlight is as dark as smoke.

Hahnemann formulated the principles of Homeopathic therapeutics. Isolated statements had been made previous to his labors, showing that glimmerings of truth had occasionally appeared, but not bright enough to permit the arrangement into doctrines. He

so arranged the rules of practice in the ORGANON and CHRONIC DISEASES that the system of homeopathic therapeutics may be considered complete.

Homeopathy rests not upon theory nor opinion, but upon facts. Hypotheses and reasonings have no place in a treatise on that upon which human life depends It is, of course, impossible for the medical theorist to reflect upon medical facts, because he has no knowledge of facts to consider ; hence he reasons that perhaps the vomiting is caused by a disordered brain, or by a congested liver, or is reflex from the uterus, and so on, indefinitely. This theorist is more likely than any other to think that an exact diagnosis is of great moment, and yet every hypothesis shows the shifting basis of his false conclusion.

The minds thus perverted by false reasonings are outnumbered only by fluctuating opinions, and with them there is no substantial way and road-bed because the wandering, the confusion and the mental fluctuation prevent settlement upon any course or path of continued operation. With them there is no *indicated remedy*, and a continuous whirl of medicaments comes before the mind The sickroom is filled with bottles and the patient's stomach distended with things too numerous to mention : from home-made decoctions to an Irish stew.

The more accurate the diagnosis and the more substantial its basis, the more inaccurate the prescription that is based upon it. The diagnosticians are the poorest prescribers, yet, in spite of all this, no harm

can come from the finest sagacity in naming diseases, *It must be understood, however, that the diagnosis does not reveal the nature of a disease in a manner to image a remedy.* The diagnosis is the name of ultimates and exteriors, while it is the interior nature that must be perceived through the peculiar, characterizing signs and symptoms, in order to discover the remedy that will cure. (ORGANON §§ 6-8.) The highest order of this peculiar insight leads to selection of remedies of the highest degree of similarity, hence, to the highest order of healing.

Medical opinions concerning a given sickness are as plentiful as doctors. Even in this day of medical sunlight, there prevail the lightning changes in medical opinions, as an afflicted mortal rembles over a large city among the medical luminaries; to receive their costly and worthless diagnoses. This might not appear so hazardous were it not a fact that treatment is supposed to rest upon the diagnosis Fortunately, for the patient as for the doctor, the supposition is not criminal. Our own Chapman, with his prescription test case, has demonstrated that the simplest case cannot secure two similar prescriptions, even when the greatest minds in allopathy are consulted. The result was quite different with the New School, as all the physicians named the same remedy. The same test can ever be repeated with similar results.

The epidemics in the last twenty-five years have revealed wonderful similarity of methods and remedies. The Yellow Fever Commission portrays the certainty

of method and results, in the records forming the statistics for Memphis and New Orleans, These men had no connection with each other: They labored and gained results that demonstrate that they were inspired by principles, as the same remedies were used in the different cities for the same symptoms, and with similar results.

Exactitude of methods, and similar remedies for similar symptoms the world over, with the same good old materia medica which becomes better with age and use, should appeal to the minds of men in a way to secure a hearing. The statistics furnished by Boericke & Tafel should be scrutinized before the back is turned upon this thoroughly tested system of therapeutics.

It has been said that men are born cowards; but scarcely can this be appreciated until it is known that Old School physicians dare not purchase; dare not read; dare not possess: dare not keep in their libraries a book written by Samuel Hahnemann, from the fear they hold of being convicted of this crime by their fellows and the societies to which they belong. Recently a physician, while dining with a family of friends, ventured to sneer at Homeopathy. He was asked if he had ever read a book on Homeopathy; if he had ever looked into one of Hahnemann's books; if he possessed any written brochure on the subject. To all of these he frankly answered in the negative. He was then asked if it is not the custom of the "regular school" of medicine to smile at the New School, to

which he answered in the affirmative. He was then asked if he was acquainted with a "regular physician" who possessed any literature of Homeopathy. To this he answered that he was not. The questioner then remarked that by the answers it appears to be the custom with the so-called "regular school" to sneer at the things about which they know the least. Such is always the case with bigots and the ignorant. Self-conceit manifests itself by sneering at the doctrines of Homeopathy.

If the one hundred dollars offered by Dr. Gould had been accepted by men of reading, we should have had another accession to the New School. Every honest man, every learned man, who has attempted to expose the fallacies of Homeopathy, has himself become its advocate. The honest reviewer must read thoughtfully the writings of Hahnemann. Scarcely could the works of Hahnemann otherwise find excuse for reaching the libraries of these intolerant dogmatists. The more rapid the growth of the New School, the more rigid has been the quarantine against Hahnemann's writings.

In the practice of Homeopathy, a master, wherever he may be, has something on which to base a prescription. When else was this ever so marked as by Hahnemann, when, after his study of the cholera epidemic, and reference to the symptoms of the materia medica, he decided that Veratrum, Cuprum and Camphor were the remedies suited to the epidemic; yet he had never seen a case of cholera? When asked

what remedies would correspond to this disease, he simply recalled the provings. The nature of the disease appeared similar to what he had seen in the provings of Camphor, Veratrum and Cuprum. He therefore concluded that these remedies ought to cure this sickness. They were thereupon successfully used. They are our sheet-anchors in cholera today, and they ever will be. This was no opinion of Hahneann. No, he had simply obtained the symptoms of the provings, and compared them and those of the disease. From this he said that these would be the remedies. Homeopathists thus have a power that is not found elsewhere in medicine, viz., that of prevision.

Positive principles should govern every physician when he goes to the bedside of the sick. (ORGANON, §§ 1-2.) The sick have a right to it. Before the time of Hahnemann there was no such thing. The sick were villainously treated Since the advent of this most beautiful and perfect system, the people have a right to demand exactitude in methods and knowledge. Better to do nothing than to do something useless. It is better to watch and wait than to do wrong. Every action in Homeopathy must be based on a positive principle. Every action of the physician using Homeopathy should be based on the principles of the system. He should say: "Thus saith the principle, as doth the grammar in every word of your speech." Some say, "I do not believe;" but let it be known that belief has no place in the study of Homeopathy. The inductive method of Hahane-

mann gives no place for unbelief; hence it is that Hahnemann has formulated the first paragraph of the ORGANON:

> The first and the sole duty of the physician is to restore health to the sick. This is the true art of healing

—*The Homeopathician.*

PALLIATION

By Daniel E S Coleman, Ph B, M. D, F. A. C P, New York, formerly Professor of Materia Medica at the New York Homeopathic Medical College and Flower Hospital. Visiting Physician at Metropolitan Hospital, Blackwell's Island, N Y.

What can be done to alleviate the suffering o those afflicted with incurable diseases is of vast im portance to the conscientious physician.

It is a grave mistake, born of inexperience, tha palliative medicine lies largely outside the scope o Homeopathy.

My interneship at the Metropolitan Hospital anc my subsequent position as visiting physician have brought me in contact with a large number of chronic and incurable cases which this vast institution harbors My conclusions drawn from experience there as wel as from private practice is *that in Homeopathy we have a method of palliating the majority of incurable cases in a manner unapproached by any other treatment.*

It is paramountly important that the phys'cian, especially one engaged in teaching, should be able tc differentiate mechanical from dynamic conditions

Failure to do so has too often placed Homeopathy in a false light, shaken the confidence of those under instruction and caused undue suffering to unfortunate patients.

A few cases may be of interest to illustrate: 1st. What can Homeopathy do to mitigate the distress of cancer sufferers? My answer is: Homeopathy can control many cases of cancer in a way impossible by any other means, it can diminish pain and prolong life. If greater care in the selection of remedies applicable to the individual were exercised, less necessity for the administration of morphine would be required.

Case 1.

Male. Far advanced carcinoma. Morphine no longer controlled the intense burning pain and the patient was brought to the hospital for relief. I prescribed *Arsenicum album* in repeated doses on the indication, *burning pain relieved by heat.* The pain was stopped and the patient had a night's rest, the first in a long time. Next day I was reproached by his family for giving "such a powerful drug." *Arsenicum* perfectly palliated his suffering until the end.

Case 2.

On September 21, 1910, a lady, 72 years of age, suffering from an inoperable carcinoma of the breast, of six years' duration, applied to me for treatment. She had been under the care of a most excellent homeopathic prescriber who regrettedly gave up

practice in this part of the world. I stopped the sharp shooting pains with *Conium* 3d. Later, hemorrhages appeared, some very profuse. *Millefolium* θ, gtts. x, in half a glass of water, ʒi every five minutes, afforded complete control. After the first dose the blood would drop and it always ceased after the second. Finally, the odor became very offensive and external deodorants (used by her family) proved valueless. I prescribed *Kreosotum* 6th, later 3x, on these indications, *ulceration with thin, putrid discharge and bluish color of the parts.*

This remedy not only stopped the extensive ulceration, but entirely removed the odor as well. After receiving the indicated remedy her general health always improved. This winter she caught cold and the cough caused unusually severe hemorrhages. *Millefolium* served as usual, and *China* removed the weakness resulting from the loss of blood.

This lady will be 77 years of age on June 7th, and a cancer patient for nearly thirteen years. She has no cachexia, her cheeks are full of color, in all respects, for her age, she is an extraordinarily well-preserved woman mentally and physically. One would never suspect the presence of cancer. What other treatment could have accomplished the same results ?

Case 3.

Some years ago I was called to treat a lady suffering from carcinoma of the liver. She was declining rapidly under "old school" treatment. I prescribed

Natrum mur. 30th on the indications, great weakness, emaciation, hunger, thirst, constipation, etc. She gained much weight and improved to such an extent that her family thought she would recover. This continued for several months. She then began to decline and lose weight. Her son, an allopathic physician, wished her to see some prominent allopathic surgeons. No operation was performed and she finally died while under their treatment. Homeopathy alone was capable of improving and holding for a time such a hopelessly incurable patient.

Other illustrations could be given, but time goes fast.

The power of the indicated homeopathic remedy to diminish sugar and prolong the lives of diabetic patients is familiar to members of *our school*, as I have repeatedly verified. This case may be of interest to show the value of the indicated remedy in the final stage of diabetes.

Male, æt. 24. Two years' treatment by three eminent "old school" physicians. He was given less than a week to live when I was called.

Symptoms. Great weakness, can hardly stand, emaciation, intense hunger and thirst, eats every two hours, constipation with no desire for stool, cold hands and feet, cold clammy sweat, passage of large quantities of light-colored urine; gets up at night to urinate, acid eructations and nausea. *Natrum mur.* 200, one dose. Three days later, improved; stomach less acid, little nausea, first time in three weeks that he

did not get up to urinate ; thirst and appetite normal ; very much stronger. Improvement ceased after a time, and I gave him *Natrum mur* 30, four times daily. He seemed to do better on repeated doses. After the first month of treatment he had gained so much in strength that he (without my knowledge or consent) carried a trunk up stairs. I discontinued the remedy when improvement was evident, and resumed it when improvement ceased. Later, when symptoms peculiar to *Natrum mur.* disappeared, other remedies were prescribed, but none helped to the same extent. Following are the urinary analyses :

Aug. 15, 1906, quantity, 6,060 c. c. Appearance very pale. Odor, sweet. Reaction, acid. Sp. gr., 1027. Urea, 1 per cent. Total excretion in 24 hours, 60 grams. Chloride, low. Phosphates, enormously increased. Albumin, trace. *Sugar*, 5 *per cent. Acetone, large amount. Diacetic acid, large amount.*

Aug. 17th, quantity in 24 hours, 5,180 c. c. Color, pale. Reaction, acid. Sp. gr., 1.028. Urea, 0.8 per cent. Total in 24 hours, 40 grams. Chloride, low. Phosphates, excessive. Albumin, less. *Sugar*, 5 *per cent. Acetone, same, Diacetic acid about one-fourth less.*

September 2d. Quantity, 3,480 c. c. Color, pale. Odor, normal. Sp. gr., 1.026. Urea, 1 per cent. Total excretion in 24 hours, 38 grams. Chloride, normal. Phosphates, markedly increased. Albumin, trace. *Sugar*, 2.6 *per cent. Acetone, a little less. Diacetic acid, three-fourths less than original.*

September 15th. Quantity in 24 hours, 5,580 c. c. Sp. gr., 1.030. Urea, 1.4 per cent. Total in 24 hours, 78 grams. Cloride, low. Phosphates, excessive. Albumin, strong trace. *Sugar, 3.3 per cent. Acetone and diacetic acid higher than last analysis.*

September 27th. Quantity in 24 hours, 5,280 c.c. Appearance, pale. Odor, normal, Sp. gr., 1.027. Urea, 1.1 per cent. Total in 24 hours, 58 grams. Indican, increased. Chlorides, nearly normal. Phosphates, excessive. Albumin, very slight trace. *Sugar, 2 per cent. Acetone, same. Diacetic acid, very little.*

October 29th. Quantity in 24 hours, 4,380 c. c. Appearance, pale. Urea, 1.05 per cent. Total in 24 hours, 47 grams. Chlorides, low. Phosphates, a trifle high. Albumin, negative. *Sugar, 2.08 per cent. Acetone and diacetic acid, lowest yet.*

November 8th. Quantity in 24 hours, 4,440 c. c. Color, pale but darker than before. Urea, 0.4 per cent. Total in 24 hours, 177 grams. Indican, a trifle high. Chlorides, very low. Sulphates, low. Phosphates, somewhat high. Albumin, one-fourth of 1 per cent by weight. *Sugar, 2.51 per cent. Acetone and diacetic acid, rather high.*

Although this patient improved greatly for a time, pathological changes had advanced too far and the indicated remedy finally ceased to act. He died three months from the time I began treatment.

I made no change in diet from that which he was receiving under his former physician. The connection

between the indications for *Natrum mur.* and diminished chlorides in the urine is of interest.

I have often reflected what Homeopathy could have accomplished for this young man if it had been employed at the beginning.

The opportunities to study heart conditions offered by the Metropolitan Hospital are second to none in the world. Hundreds and hundreds of patients are at our disposal, and dull indeed must be the man who cannot become efficient after such clinical service. The application of the indicated homeopathic remedy is too often neglected.

The great Sir James Mackenzie makes the statement that Digitalis (in material doses) is only of value in auricular fibrillation, auricular flutter, and in cases accompanied by dropsy.

Remedies, such as *Cactus grand*, *Arsenicum*, *Apocynum*, *Kalmia*, *Spigelia*, *Digitalis*, *Iberis*, *Laurocerasus*, etc. etc., prescribed on homeopathic indications, can do much for incurable heart conditions.

Space does not afford any extensive presentation of the many cases which have come under my care in hospital and private practice. A few illustrations must suffice.

Female, æt. 60. Superficial area of cardiac dullness increased. Urinary analysis showed the presence of chronic parenchymatous nephritis. Pulse, 140 and weak. Rapidity of the pulse led to the selection of *Iberis* ø, gtt. x, in half glass of water, *3ii*, q. l. b.

Dyspnœa and other symptoms of cardiac distress

were also present. In a few days the pulse was reduced to 96, and she was decidedly improved in every way. The rapid pulse has often been my "keynote" to cases requiring *Iberis*. I remember a little girl of mine presenting a systolic murmur at apex transmitted under the left scapula. Pulse, 104. A few days' administration of *Iberis* brought it to 88, and she seemed in perfect health when discharged.

Girl, age 9. Symptoms: Fainting spells almost daily, screaming with sharp pain in the heart, great weakness; systolic murmur heard at the apex and transmitted under left scapula; diastolic mumur at second right intercostal space transmitted to neck; pulse, 126, very weak and irregular. ℞. *Iberis* θ, gtt. x, in half glass of water, *ʒii* half hour before meals and at bedtime. Eighteen days later general condition much improved; only one fainting spell; pulse, 120, and much stronger. ℞. *Iberis* continued. About seven weeks later marked improvement No fainting spells for over six weeks. Had two in three days following last visit, probably due to the exertion of coming to my office from out of town. Is active, cheerful, has gained five pounds. Pulse, 100, and very much stronger. Continues well. Six months later. No fainting spells in about six months. *Iberis* palliated her symptoms perfectly.

The medical profession owes to Dr. Rubini a great debt of gratitude for his excellent proving of *Cactus grand.* Many times have I relieved the pain of those suffering from angina pectoris and other cardiac con-

ditions where the 'well-marked indications appeared, "*sensation of constriction in the heart*, as if iron *hand prevented its normal movements*," "numbness of left arm," "palpitation < lying on left side," etc.

Female, æt. 30. Conscious, heavy, constricted feeling about the heart, convulsive action, numbness of the hands, surging over body, sometimes feels as if dying, great exhaustion, pulse 91 and weak, can hardly attend business. Examination revealed an aortic stenosis and mitral regurgitation. Under *Cactus* θ, gtt. x, in half a glass of water, ʒii four times daily, she improved rapidly, and *all* her subjective symptoms disappeared. She writes now, some years later, that she is absolutely free from disagreeable sensations. The valvular murmurs still remain, of course.

Many years ago a brother physician and a fine homeopathic prescriber was thought to be near death from his valvular lesion. *Cactus grand.*, prescribed by himself, palliated his condition perfectly (he always carries it in his pocket), and he is alive today attending to an active practice.

(To be continued.)

—*The North American Journal of Homeopathy.*

THE INDIAN
HOMEOPATHIC REVIEW.

A monthly journal of Homeopathy and collateral sciences.

"The knowledge of disease, the knowledge of remedies and the knowledge of their employment constitute medicine."

—HAHNEMANN.

XXX.] JULY, 1921. [No. 7.

HOMEOPATHIC MEDICAL EXAMINING BOARD OF INDIA.

Homeopathy, no doubt, is progressing fairly in India. Doctors are required in various parts of the country. Cities and villages require the help of qualified homeopathic physicians and surgeons by batches. In the early years of his practice our worthy doctor P. C. Majumdar saw the necessity of supplying homeopathic physicians in distant villages where medical help especially homeopathic was urgently required. In the year 1883 he established the Calcutta School of Homeopathy with the help of some of his enthusiastic colleagues in this city of Calcutta. Since then it is growing, and to a certain extent supplies the much needed physicians in the various parts of this vast land.

By and by some other homeopathic schools came into existence. A few of them did good work, but

others were schools in name only and the authorities of some of those Institutions did not scruple to grant certificates without adequate teaching and instruction. In order to bring these homeopathic schools under proper control for properly imparting sound teachings of Homeopathy Dr. Majumdar very justly put forward a regular scheme for an examining Board in Calcutta by the help of which a standardization in imparting to the students of these various institutions, sound medical education and granting the passed students certificates for proficiency in practising medicine.

In this country our Government are apathetic in recognising the claims of Homeopathy as a scientific and useful system of medicine and are averse to afford any pecuniary help to the progress of this system ; so the homeopathic physicians and the public take up the teachings of Homeopathy in their own hands.

A few years ago when our Government enacted the law for regulating the practice of medicine in this country, the question was raised by the members of the legislative council what would be the status of homeopathic, kobiraji and other systems of medicine and it was decided that they would be allowed to practise but their certificates for sick patient's leave &c. would not be recognised by the state. At this stage our sympathetic Surgeon-General Edwards made an enquiry about the state of these homeopathic schools. He went so for as to ask the Secretary of the Calcutta School of Homeopathy to supply him with a sample of the certificates we grant to the successful students

of our school. Most likely it was in his mind if he could see his way to do something for us. But on further enquiry when he found the multiplicity of our schools and found that there was no regular system of teaching in them, he naturally dropped the matter and returned the certificate supplied to him.

This gave an impetus to the mind of Dr. P. C. Majumdar to propose and form a medical Board by which our Government medical authorities will be able to learn that we have a regular Board of homeopathic examining institution regulating the subjects of study and proper examination of students. With this object in view Dr. Majumdar drew up a memorandum and presented it to the members of the Calcutta Homeopathic Society. This was very eagerly supported by the members and very generously Dr J. N. Ghose, the proprietor of the Central Homeopathic College and Dr. N. M. Choudry of the Allen Homeopathic College offered to put their colleges under the care of the Board. We hope the authorities of other homeopathic schools will encourage the scheme with their hearty help and co-operation and thus place the homeopathic teaching institutions in an honorable position in the eye of the public and thereby enhance the cause of the homeopathic profession.

Clinical Cases.

By Dr. Jos. N. Jacob, M. B., Madhupur, E. I. Ry.

Case 1. In April 1918, I was called to attend the case of a Mahomedan Purdah woman, whom, on examination, I found to be suffering from a Chronic Type of malarial fever since the previous 6 months. She was originally from Ranchi where the fever was contracted and inspite of the best medical aid (allopathic) she made no progress, and as a last resort a change of climate was advised. However she was a month here with the same result. Her symptoms were as follows :—Patient greatly emaciated through weakness, no desire to get up. Pulse weak, small and compressible. Tongue silvery grey in centre furred with red edges. Mental state, anxiety as she was going to die. Fever paroxyms between 12 to 2 P. M. with restlessness and most violent heat, aversion to food and anything warm, but thirst in sips. I left one dose of Arsenic alb. 200 with instructions to be taken next morning, when the fever had subsided a bit. Subsequently I heard that the patient had no more relapses and the cure holds good up to now.

Case 2. In July 1919 I was hurriedly called to treat a child about a year old who was given up by the dominant school and whom I found to be suffering from Tubercular meningitis with threatening effusion. His symptoms were as follows :—

Complete unconsciousness, rolls head from side to side, eyeballs turned up. Horrible smell from mouth

with chewing motion of mouth. Respiration irregular. Urine suppressed. Diarrhœa greenish scanty, white color, very offensive and involuntary. Subnormal temperature. The child's parents were very anxious. Helleborus nig. 30, a dose every 2 hours. Next morning I found the patient no worse. Hearing from enquiry that there was a Tubercular family history, I prescribed one dose of Tuberculinum 200 which caused amelioration of the grave symptoms in 24 hours. No more medicines were given, but after 4 or 5 days a few doses of Cal. phos 6 as a constitutional tonic was prescribed and the boy is now alive and well and in splendid health in fact a "one seven wonders" in his locality.

Case 3. *Blindness due to Retinal obstruction cured.* A young married woman of the labour class was led over to my dispensary suffering from the above mentioned trouble, which came on quite suddenly. Objective symptoms were nil except slight redness in both eyeballs, which, her husband said, was due to her grief as she thought of being permanently blind. I prescribed 6 doses of Ferum phos 6x, a dose every 4 hours and externally plain distilled water a couple of drops twice daily as a wash.

On the third morning her visual capacity resumed its normal function.

Case 4. Mrs. M., age 46, a married European lady, was suffering with the following symptoms. Remittent fever, in the evening to 104° which continued whole night with slight remission in the morn-

ing. Bowels constipated though the previous medical man in attendance had already given a saline aperient. Tongue thick, milk white coating, desire for acids, and frequent eructation. This state of affairs was going on for 5 or 6 days when on the advice of some friends the patient sent for me. The first day I prescribed Antimonium crud 30. After 36 hours the temperature was normal. She needed no more medicine except China 6 which was given for her remaining symptoms. I may mention that during my practice since the last 15 years, seldom or never a fever case requiring Anti-crude ever recovering under the "Regular" treatment with heroic doses of the bark, which appear to bring on a most of complications as sequelæ, thereby destroying the true picture of the drug in the patient.

Case 5. Master S. H., a child of 3, of European parentage managed, while playing, to put a glass bead up his nose. He was taken to the local Government Charitable Dispensary where no amount of surgical interference by the Assistant Surgeon could have the offending obstruction removed. The child now lay bleeding from the nose, with excessive purishness, and rise of temperature. In this dilemma, the mother being alarmed brought the child to me. Moreover the bead had obstructed the child's respiration.

I prescribed Silicea 30, a dose every 2 hours.

Next morning after the child had had 6 doses of the medicine he had of it of sneezing and the bead, much to the astonishment of the by standers, dropped out, and my little patient much relieved.

A FEW WORDS ABOUT A NEW PROVING.

The phenomenon of radio-activity has been attracting the attention of the scientific world for the last few decades and the conclusions arrived at are so striking that material scientists have been obliged to accept the electrical nature of all matter. It has been proved almost to demonstration that any kind of matter by continual and progressive sub-division (as our method of attenuation) can be reduced to immatiar electrical charges.

Although this is by no means a new thing to us Homeopaths, we can not here but take the opportunity of reminding our doctors and chemists that out of so many of the newly discovered substances and radiations we have only three as our medicines—X ray, radium and Uranium.

Now the provings of the X-ray show its grand medicinal properties and almost go to upset the usefulness of all the other medicaments of our vast materia medica. While it was being proved complaints were freshly brought to the surface which were treated Homeopathically many years ago, which shows that with their immaterial character Homeopathic remedies can not cure diseases but merely suppress them. There are of course other explanations of this restoration of former disease symptom but these abstruse topics do not come under the intentions of the present article.

This peculiar action of attenuated radium only

leads us to suppose that the other new substances, possessing the mysterious radiations have similar, if not more, astounding properties. Hence we are fully justified in attempting to prove the other new substances connected with radio-activity. With the present scientific conditions of India, however, we cannot hope to prove all the radio-active substances discovered upto the present time. But there is one instance which we can fairly try.

Every one in the know will agree that uranium has three kinds of radiations—the alpha radiation, the beta radiation and the gama radiation. It has been tested and found that the alpha radiations have a scent of materialism on which the other two radiation are perfectly free from matter. (Here 'matter' is considered in the usually accepted erroneous light—that of mass and inertia).

As true immaterialists we should try to separate the immaterial portion from the material ones which only serve to fetter the properties of that pure and immaterial Uranium. An attempt in this direction has long been made and successfully, too.

To a solution of Urannit in water if we add a small quantity of dilute ammon carb solution we get a precipitate of Uranium metallicum. With excess of Ammon carb solution the precipitate dissolves leaving behind a small quantity undissolved. When this is filtered off and examined in a certain method (the electrical-ionization-of-gases-method) it is known to possess many times more of radio-activity than

this Uranium from which it was separated. This new substance has been termed Uranium X.

This Uranium X very soon loses its radio-activity (indeed within a few days). But this need not dishearten the Homeopath. If we can carry the Uranium X beyond the limits of materialism (14th cent.) we can preserve the properties of this more active Uranium.

The writer, therefore, urges the Homeopathic doctors and-chemists to unite and within 24 hours of the precipitation to attenuate the piltrate upto 15th or 16th centicimal. But before attennating, the fitrate should be subjected to high heating to get it rid of Ammon carb. After that let a proving be made upon willing doctors and sensitive patients. He further hopes that the proving will fall to the lot of India and be begun before the scent reaches Europe or America and that our western brethern would not take any offence in this sort of innocent Zealousy (jealousy ?).

A. T. M.

CINCHONA.

[China].

J. T. Kent, M. D.

I am going to take up Chichona, another of those abused medicines. It has been handed down to us by tradition, and we ought to have great respect for

it, because it was the medicine or the drug which enabled Hahnemann to discover, in a great measure, the law of similars. By his proving of Cinchona he ascertained that the drug was capable of producing symptoms upon the human family that it had long had the credit of curing. This was one of the first proved drugs. From that day to this it has been curing, in the hands of pure Homeopathists, the symptoms it produces.

I said this drug is one that has been greatly abused before the time of Hahnemann, because it was then used empirically only, but it has been abused since Hahnemann discovered the exact properties of this medicine by proving. It has been abused by Allopaths in large doses, in the form of Quinine. It has been abused by homeopathic pretenders, who thinking they had discovered that Quinine had produced ague, it therefore must cure ague; because it was named ague and was composed of a chill.

You will find the hybrid school of medicine using Quinine for everything that has a chill, no matter what kind of chill; while if you study Cinchona properly you will see that it has a wonderful regularity in the kind of chill that it produces. It is a pronounced chill followed by fever and sweat with a few exceptional and broken types; but there is a marked regularity and uniformity about the true Quinine chill. As Quinine, of course, is obtained from Cinchona, you would hardly expect anything from Quinine that is not found in Cinchona. Regardless

of the chill, or the kind of sweat or fever, if it is only a paroxysm such as is found in ague, it means to the hybrid school Quinine in large doses; and if that does not cure, larger doses and more Quinine, and so it is more and more, untill finally, when the individual is broken down by the use of Quinine we have a proving of Quinine; hence it is the discovery of the Quinine cachexia, and in the Quinine user we have a peculiar stage of anemia, so that we have a thoroughly understood set of symptoms which Quinine produces on the human family when complicated with psora, caused by repeated doses.

A marked anæmia, very much like that found in Quinine cachexia, wheather caused by Sulphate of Cinchona or Cinchona, is cured by Cinchona suitable doses.

Now we have to take into consideration this bloodlessness, anæmic condition, this cachetic aspect which the powerful and repeated doses of Quinine have produced.

The human family is particularly tinctured now with Quinine.

The nervous system is broken down and made irritable, and the anæmic conditions are on every hand, produced by Quinine.

If we study carefully the proving Hahnemann gave us and remember that his proving was made with Cinchona bark, compairing these symptoms with the Quinine Cachexia which has been caused in individuals who have taken Quinine or the bark in

large deses, we have gathered together a pretty well rounded up picture of this type of Quinine cachexia. It has a stage of marked anæmia, almost bloodlessness, with a disposition to hæmorrhages and dropsies. This has led us to make intelligent use of Cinchona, in suitable doses, for such dropsies as have resulted from or followed severe bleediug. An indivinual bleeds extensively from the stomach, the blood is vomited, after vomiting of blood dropsy comes on, waxy, sallow, almost transparent skin, with bloating of the feet ; Cinchona is generally the remedy.

We notice again in hæmorrhage from the uterus, lungs, or other exhaustive hæmorrhages, dropsy follows. Now this peculiar stage of anemia is similar to that which is produced upon the blood by Quinine. It is analogous to the Quinine cachexia, ringing in the ears, great irritability, pallor, waxiness, weakness upon walking or upon any exercise, always chilly, always suffering from pains such as we find in the Quinine cachexia, every exertion causes free perspiration. This constitutional stage must be observed as a peculiarity of Quinine and of Cinchona that we want to use. So it has been said the complaints that come from bleeding often relate to Cinchona as the indicated remedy, simply because large doses of bark produce a tendency to the breaking down of blood and it is this anemic stage which produces dropsy. Now this is a constitutional state, and we have symptoms indicating Cinchona in plethoric individuals, but it is the exception. Debilitated, weakly, anemic

waxy persons are the ones that are most susceptible and therefore the ones that are cured by the smallest doses, and by the dynamic powers. There are some symptoms at first not so peculiar and so striking that they seem hardly related to the constitutional effects of Cinchona, because we see them in the early stage If these complaints were watched, you would find that the symptoms that the patient is afflicted with are leading toward the cachexia. A plethoric individual may have Cinchona symptoms that would be relieved promptly by Cinchona, and therefore the cachexia is not observed, as it may be only at the beginning. Cinchona contributes very successfully to a debilitated malarial state and cachexia. Living under a malarial influence for a considerable length of time will produce this state of breaking down of the blood ; it is likewise a thinning down of the blood—that is the common expression, but the individual is waxy. We notice those symptoms in persons living in a malarial swamp for a considerable time. We see them in the South and South west and throughout the mississippi valley particularly ; the face is sallow, pallid, is tinged with yellow. There is more or less duodenal and gastro-duodenal catarrh in these old complaints and you have a great yellowness of the countenance. So the malaria brings about a cachexia, a malarial state, a malarial diathesis, almost analogous to that found in Quinine. Now it has been found that Cinchona in some cases is the remedy for the malaria cachexia, and knowing that it produces that cachexia and cures it, we ask

ourselves the question when is it the remedy for that state? When is it the remedy for the anemia? This is only speaking of the general physiological effect of the drug.

It is the sphere of the drug that we must consider if we want to understand the sphere of the disease, when we cure it, and we must do that. Hahnemann says so.

Then it is, when shall we use the medicine to cure sickness?

Hence we have to enter into every detail of the study of the symptoms of this drug, to know that it is going to reach that cachexia, because all that I have said about it applies just as much to Arsenic, or to Ferrum, as to Cinchona. These conditions are so similar in the general state that they seem alike. Look at the Ferrum subject when he is in that state, and compare him with the malarial cachexia and the Cinchona cachexia, and you will find that they are very similar. There is not much to be seen to individualize. There is nothing in the face. Sepia is another remedy which produces considerable depression and breaking down of the blood corpuscles, and Natrum muriaticum is another one producing a cachexia. Hence all these enter into a marked ague and the debilitated state, the malarial state, the complaints of people who live in badly ventilated dwellings, in cellars and basements, but when?

Now, we have a single word to say about when we are going to use these medicines. The homeo-

pathic physician has to enter upon the individualizing process, and we have said nothing about individualizing; but suppose you get a set of symptoms like these we find in a proving of Cinchona and it lacks entirely this sphere of Cinchona, it belongs to another sphere, to another cachexia or diathesis, then the generalizing helps. It is necessary to know how to generalize first. We do not have it in many, even the best proved drugs; we have only the finer shades, the finer details of the symptoms, and have to be guided in all that we know of the disease by these minor symptoms. Cinchona produces a great deal of pain in relation to its sufferings. and its symptoms; pains in the limbs and in the course of the nerves which are made worse by the touch The mere touch will establish these pains when they have become generally quiet, touch the seat of pain, it will immediately rouse up and become more and more severe with the handling, which hard pressure relieves. It is a rending and tearing pain, aggravated by touch, not so much aggravated by motion; sometimes Cinchona is relieved by motion. Again, these pains are aggravated from a draught of air; from the lifting of the covering. Hence, it is by putting these things together that we are able to utilize the proving.

A lady who has been through her confinement, has had a severe hemorrhage, so as to become quite bloodless, pallid; pains of limbs come on, that are rending, tearing; the least lifting of the covers, the least draught of air from an open door is felt at once;

the least touch or handling by the doctor or nurse aggravates the pains. This is characteristic of Cinchona, and if it is in harmony with all the rest of the case it will be the remedy. Even the teeth may take on this pain, and so sensitive are they, and so intimately related to this hemorrhagic state, that when the child is put to the breast, the teeth rend and tear as if they would be extracted; then we have the key-note of Cinchona.

We find any number of individuals who have long suffered from losses of vital fluids, hemorrhage, etc; peculiarly debilitated, nervous, extremely irritable, whose sufferings are often palliated or cured by Cinchona, and unerringly with this is a peculiar Cinchona headache. The pains are in the temples, often extending from temple to temple, rending, tearing pain, relieved in a warm room, but coming on as soon as the patient goes out in the open air.

Many of the complaints of the Cinchona patient come on in the night; it has several hours of the day in which there is an aggravation, and it has also a marked aggravation at 12 o'clock at night.

A lady had been for many nights, every night at 12 o'clock, bloating up with terrible flatulence, burning pains in the stomach, and rending pains in the abdominal muscles from the great distension of the abdomen with gas. After suffering many nights, taking many remedies without relief, a single dose of Cinchona stopped that and she never had it afterward.

Other complaints come on in the night, the diarrhœa particularly. A Cinchona diarrhœa will be marked by frequent, gushing, watery, chocolate coloured or black, inky stools, frequently all night; seldom in the day time, except after eating.

Cinchona then has the aggravation in the night, and after eating, and many of its symptoms are in keeping with the general features of the drug.

Complaints are often made with reference to the stomach disorders, the bowel disturbances, sometimes pains are worse from eating, particularly worse during the night. We notice that the Arsenic diarrhœa, which is very much like Cinchona, is likely to begin at midnight, and generally in the after part of the night.

Arsenic is a cold subject like Cinchona, always shivering : pains are worse from cold, better from heat, with the exception of the headache, which you know is the reverse in Arsenic.

No head pains of Cinchona are better from cold washing, but in Cinchona relief from heat runs through the entire remedy with one exception, and that exception you must be sure to remember ; that is the chill. The chill is not ameliorated by heat, nor the warmth of the stove. The Cinchona patient, when the chill is on, suffers terribly. The chill is violent, but the patient obtains no relief from the stove ; sometimes the chill is actually made worse by the warmth, while the bone pains and sickness of the stomach are sometimes relieved by the hot drinks. There is

another exception to Cinchona. In the common complaints of the stomach, warm food disagrees, the symptoms of pain are made better by heat. It associates in the stomach symptoms with two remedies, with which it is totally unlike in every respect, Pulsatilla and Phosphorus Pulsatilla will be made sick by warm things, so will Phosphorus. Aversion to warm drinks, warm things ; Pulsatilla, Phosphorus and Cinchona.

Well, we see Arsenic is running into Cinchona all the way through Cinchona has not great restlessness, but has the prostration, the anemic condition, the tendency to h æmorrhage.

Cinchona has one marked condition that stands out in bold relief, the tympanitic. The abdomen is distended with gases, the individual is constantly belching, but it is unsuccessful ; it gives no relief, rather seems to increase, for the more air he eructates or throws up the fuller he becomes ; increased flatulence. It associates here very closely with Carbo veg. If you compare the symptoms carefully you will see in Carbo veg. and Cinchona parallels running very closely together all the way through. Carbo veg. and the Cinchona meet in the flatulent condition.

In Carbo veg. it is generally said that if he can belch a little he get relief, but in Cinchona the more he belches the worse he becomes ; with Lycopodium, in belching he gets no comfort and no relief. Both have great distention of the abodomen.

Sleeplessness is another of the peculiar weaknesses

of Cinchona—protracted sleeplessness—and I will tell you how to make use of Cinchona in one particular kind of sleepleesness. It is a simple point you will say. A lady having been confined has had a very severe hæmorrhage followed by wakefulness night after night, entirely unable to sleep, aed the man who calls himself a physician feeds her with Chloral, which only stupefies but gives no rest. Cinchona comes in and produces sleep with a restful, quiet, and marked improvement thereafter in the general condition.

There is one more point to which I would call your attention while I am speaking of confinement; the convulsions that come on during hæmorrhage or at the close of a very several hæmorrhage. The hæmorrhage is violent, gushing, at the ending or after it has gone on a while convulsions come on, partly from anæmia of the brain. Puerperal convulsions in connection with violent hemorrhages. But you know the lazy man who calls himself a Homeopath, tells you that you can not cure puerperal convulsions with homeopathic medicine. He means he can't. He tells you that convulsions must have something violent. That it is a violent disease, and therefore must have a powerful drug to subdue it. You will eure if you have the remedy, and you will fail if you don't. Quantity will not atone for what the remedy fails in being correct. You may give the wrong remedy and give ever so much of it; it does not compensate for not having the right one.

Cinchona has some symptoms of mental aberration,

but there is nothing very definite about the delirium. The fixed idea is that he is unhappy and persecuted by enemies ; is compelled to jump out of bed, and he wants to destroy himself. If you study the delirium you will find nothing special in it and the conditions that modify the symptoms are not specially observable. The headache that I mention is important headache sometimes coming on as symptoms of suppressed coryza ; headache worse in open air and from slightest touch, better from hard pressure. There is one of the peculiarities in which it comes in contact with Lachesis. Slight touch aggravates many of the complaints of Cinchona, but hard pressure will relieve the pain. We find in Lachesis irritation from the slightest touch of clothing, especially on the neck; irritation from the slightest touch here and there.

When we come to the teeth and tongue, in low forms of fever we find Cinchona indicated by sordes about the teeth, black tongue, bleeding about the mouth. In low, anemic subjects, we often have a fever which has come on as the result of exhaustion from hemorrhage. In the febrile states and local congestions, Cinchona, after hemorrhage of the uterus, violent inflammation of the uterus, hemorrhage from the kidney followed by inflammation, hemorrhage from the lungs which is followed by inflammation—where the tissues have become depleted by hemorrhage they take on a local congestion and you are likely to ffnd symptoms of Cinchona associated with such a case. Peculiar to Cinchona we have these local con-

gestions after hæmorrhages, peritonites, inflammation of the uterus or ovaries, as the result of uterine hæmorrhage, and as the result of the hæmorrhage of the bowels. Cinchona has this peculiarity, a debilitated state of the blood vessels that predisposes to hæmorrhage, and a low fever, dry black tongue, often associated with typhoid. There are disorders of the taste, smell, capricious appetite, aversion to bread and particular articles of diet, he is whimsical. It corresponds to the debilitated constitution ; he does not know what he wants ; aversion to the common things upon the table ; violent thirst for cold water, drinks little but often ; that you will remember is also true for Arsenic but that thirst I described under Arsenic.

Thirst : little and often ; between chill and heat ; sometimes in the low forms of fever. Cinchona has thirst before the chill ; no thirst during the chill ; thirst between the chill and heat, as the heat becomes marked the thirst ceases, as the heat passes away the thirst comes on again, and it increases until it gets markedly into the sweat, when the thirst is marked and strong for ice-cold water in large quantities ; that thirst you will find no where except in Cinchona. Arsenic does not have thirst before chill. There is no thirst in Arsenic during a chill except for hot drinks ; it does not seem to be because the Arsenic patient wants water, but because he wants something warm. He likes to have something warm inside of him ; warm things are grateful. Arsenic has thirst little, and often during the heat. Thirst for large

quantities during fever ; hence, you see how closely they run together. By individualizing we may have a marked Quinine cachexia—a marked cachexia that will look like all these drugs I have named and if you have ague with just that kind of symptoms, see how easily you can distinguish between Arsenic and Cinchona ; the paroxysm is made up of the irregular stage in Arsenic and of the three regular stages in Cinchona.

Trans—I. H. A.

Clinical Cases.

By Dr. T. B. Mukherjer,
Bhagalpur City (India).

Case No. I. Diphtheria.

Hemait Ali's son about a year old, had a slight attack of cold and fever on the 15th November, 1920. Fever went on increasing when he was placed under the treatment of an Allopathic physician. On the third day of fever, measles like eruptions appeared all over the body with symptoms of bronchitis, a shrill voice, dry cough and much difficulty of breathing. The physician gave no alarm to his parents who were somewhat cognisant of the serious nature of their child's illness. He had recourse to consultation but derived no benefit. Cough and difficulty of breathing increased. The child could not swallow his food properly and on being fared by his nurse was on the point of suffocation.

On the 24th of November I was called at night so I could not properly examine the parts, but still my doubts about the grave mischief in the throat were confirmed by an extensive piece of exudation with patches of redness around it in the throat. The fever was high and the temperature in the axilla was 104.2. The patient could swallow a little of milk with great difficulty and signs of carbonization were visible on the face. The lips and face were blue and pale. The skin was perspiring though there was high fever and the pulse was frequent and full. I prescribed Merc. Cyn—3 every three hours.

On the 25th of November in the morning the fever was less, the temperature being 102 F. The distress and difficulty of breathing were also much reduced. The same remedy was continued. On the same date in the evening the temperature rose again, difficulty of breathing was considerable and cough increased. I changed the medicine and Kali Bich 6 was given. As the cough was dry and fatiguing, inhalation of watery vapur was ordered. The state of the patient was about the same the next day. There was no increase either of fever or of the throat lesion and the medicine was continued.

On the 28th November a portion of the membrane was detached leaving raw surface. There was no cyanotic appearance, there was almost no fever and difficulty of breathing was greatly reduced. Cough with thread-like exudation was visible. Kali Bich 30 was given every four hours and the patient

could swallow food with ease but could suck no more.

On the 30th the patient was much better. There was no fever, the skin was cool and perspiring, the cough was slight and the throat was clear. The Kali Bich 30 was continued 2 times a day and by the blessing of the Almightly within a week the child was well and in sound health.

Case No. II. Diphtheria.

Babu Giridhari Lal's daughter about 9 years old, had an attack of slight fever with loss of appetite, uneasiness and general debility in the 1st week of September, 1920. One day, all on a sudden, she felt much pain in her throat, and refused to take food. Her relatives, therefore, examined the throat both internally and externally and found an ulcer in her mouth and throat near the soft palate and larynx. In great anxiety they sent for me.

When I went there the temperature was 104.2 F] After examining the patient I found it to be a real case of Diphtheria. I atonce gave Merc. Cyan 3 and it took about 14 days to cure her of the ulcer and the fever.

Case No. III. Intestinal Obstruction.

Mahammad Khallilullah aged 28 years was suffering from intestinal obstruction since the 14th June, 1920. I saw the patient on the 10th day of obstruction. For nine days the patient was under the treatment of an eminent Allopathic physician of Bhagalpur.

Enema with a long tube and various other mechanical methods to clear the bowels were tried but to no effect. On the 9th day the patient began to vomit stercoracious matter and the case was given up as lost. When I first saw the patient on the 24th June I noted down the following symptoms—the patient was drowsy, his abdomen was tympanitic and hard and he complained of the tenderness of the abdomen when touched. He was unable to lie on any of the sides, except on his back since the last two or three days. He had no desire to pass any stool and complained of the dryness of the throat and thirst. He could suck ice but when he took any liquid food, say Barley or Sago, a nauseating tendency was produced and immediately vomitted forth the liquid taken with stercoraceous matter. Opium 30 every three hours checked the vomitting within 9 hours and the patient felt much relief.

In the evening I found the patient smiling and asking for food. His drowsiness was entirely gone and the tenderness and tympanitic condition of the abdomen grew less. Opium was continued every 6 hours in the night. The next day morning I found the patient sleeping on the left side and he passed winds several times.

I stopped medicine and gave 4 doses of Placebo to be taken at the interval of three hours till the evening. At 6 p. m. I found that there was improvement produced and the patient complained nothing.

The next day the patient passed a thin yellow

stool of peasoop consisting in large quantity. Though no more medicine was given, the young man continued to improve daily and in a few days regained his former health.

Case No. IV, Paralysis.

Babu Ram Kison Panday aged about 52 years had an attack of Rheumatism in the year 1919. The disease went on increasing notwithstanding Allopathic and Kabiraji treatment for a period of year and a half, after which he felt a peculiar numb feeling in the right half of his body. The upper and lower extremities grew powerless and used to shake when attempt was made to use them.

In this way a case of complete motor paralysis resulted. The patient could neither move his hands nor could grasp anything firmly nor could stand upon his legs to walk about. This was observed on both sides of the body but was more prominent on the right side. Within a few days his face and neck turned towards the left and sensation of touch lessened. He became almost helpless in performing the ordinary duties of life. One day all on a sudden the poor patient lost the power of articulating in a clear and distinct voice. This state of things continued until his relatives brought him to Bhagalpur and placed him under my care.

I found him on the 14th of December 1920 in a most deplorable condition. He could not move until helped by others. He was in such an agony of

mind that at the sight of me burst into tears and gave vent to a peculiar howling noise without being able to utter a single intelligible word.

He seemed to possese a robust health, but was now emaciated and reduced, the right arm and the right leg were contracted and flexed upon the elbow and knee and on trying to straighten them evinced excruciating pain. He could move his upper and lower extremities of the left arm and leg to a certain extent, but could not use them properly. I told him to shut his eyes, which he could do only partially, the right eye being less than half closed and the left one more than half. He could not blow through the mouth. deglutition not obeying his will there was a slight pain on pressure in the vertebral column nearly throughout its whole extent. He could signify his desire for defecation and mictution but had lost the power of control. He had no history of Gonorrhœa or syphilis. Sensation was not altogether gone but it was somewhat lessened. On that very day I gave him one powder of Sulphur 200.

On the 15th of December the patient was in the same state with an increase of pain in the limbs. I gave him Rhustox 30 three times a day.

On the 20th of December I was called again. Pain was much mitigated, stools and urine passed unnoticed. I prescribed Causticum 30 three times a day.

On the 24th, the patient was much better, seemed cheerful, attempted to speak but the words were not distinctly understood. Cousticum 30 continued.

On the 26th, the patient seemed not much improved. He again complained of much pain in the limbs, constipation, and loss of appetite. There was still the trembling of the extremities and his speech was again indistinct. I changed the medicine and gave him Placebo 30 one doze every morning and evening.

On the 3rd of January there was much improvement in the condition of the patient. He could now stretch the arms a good deal and stand upon his legs with the help of his servants, could speak more distinctly than before and his pains were much reduced. The same medicine continued twice daily.

On the 10th January I could understand his speech more distinctly. The pains were now all gone. The patient was cheerful and the atrophied portion of the body was much stouter than before. He could walk with the help of the stick. The bowels were regular. In fact my patient felt better in every respect. The same medicine continued once a day.

About a week after the patient came to my dispensary I asked him "Please let me know what is the matter with you." He said "By the blessing of God I am quite well." He said "I will go home this night, so please give me some medicine." I gave him one dram Placebo pill ; two pills to be used every day.

Case No. V. CHOLERA INFANTUM.

A child aged 2 years was attacked with purging

and vomiting on the 10th April, 1920 at 4 p. m. The stools were at first yellow and watery, then it gradually became colourless and watery and vomiting continued with purging till 10 a. m. Next day when I first saw the child she was very restless. Her hands and feet were icy cold and the head and trunk abnormally hot. A few dose of Arsenic 12c had been administered before. I took up the case. I saw the patient restless and rolling her head hither and thither there was no complaint except of thirst.

Bell 30 every two hours was prescribed after I saw the patient at 3 p. m. But still the symptoms developed gradually, the patient became very restless, her eyes became injected and rolling of the head became violent. Her head and trunk became so hot that the Thermometer indicated 105.4 F and the child lost her conscience. I prescribed Bell. 200, and gave one dose and requested the father of the patient to report and give me a full description of the state of the patient at 10 p. m. On my third visit at 11 p.m. I could not find any change for the better. The patient was in the same state as I had seen her at 3 p. m. The temperature was now 106.4 F. I now prescribed Helleborous Niger 30 every 2 hours. At 5 p. m. the father of the girl reported that after taking Helleborus the patient became much quieter and the temperature in the exilla came down to 102F. Since then steady improvement went on. The patient passed copious urine at 7 a. m. and then regained consciousness. The temperature became normal in

the evening and the little patient slept well in the night and was as cheerful as before.

Case No. VI. Urinary Fistula.

...... Thakur about 40 years old had an attack of Gonorrhœa five years ago and used both Allopâthic and Kaviraji medicines. He was apparently cured of the disease. About eight months after he felt some difficulty in passing urine. His flow of urine became narrow, there was tenesmous at the time of passing urine but there was no burning or pain of any kind. He noticed some kind of white watery matter coming out of the urethra and these state of things continued for a pretty long time when suddenly his urine was stopped and great suffering ensued. He went to an Allopathic doctor who passed a narrow Catheter in order to relieve the bladder.

He came to my dispensary on the 10th of November, 1920. On my enquiry I found two Fistulous openings with stricture of the Urethra. He was much emaciated. Fever came on every evening and persisted throughout the night. There was copious perspiration during the fever. He had also an attack of syphilis 6 years before.

I prescribed Hepar Sulph 30 morning and evening and advised him to report within a fortnight.

The second time I saw him was on the 25th of November and found the complaints were much less. There was much improvement in everything. The fistula seemed to be improving, the appetite was much

better, bowels were regular and the patient was perfectly well.

Case No. VII. Constipation.

Babu Kartick Lall Ray aged about 72 came to me in March 1920 with complaints of obstinate constipation and Fissura ani; the stools were large and with knotty balls bound down by mucous threads, the balls were of a dirty black colour. Terrible pains in arms during and about 2 hours after stools. The stools were sometimes smeared with blood. Bad smell came from the mouth and his mind was dejected and sad. I gave him Graphites 30 three times a day and he was cured within a week.

Case No. VIII. Prolapsus of the Uterus.

Kanai Lall's daughter was a robust widow about 32 years of age. She had no issue since five years. She had regular menses but those were in high quantities. After the death of her husband she lost her former health, became anemic and emaciated to a certain extent. Palpitation of the heart, oppressed breathing, Hysteria, sadness and merriness alternately, there were prevalent and along with these the discharge was still profuse.

I examined her externally over the abdomen and pelvic region carefully. There were pain and hardness on the left ovarian region. There was some difficulty too in defecation and micturation, the taste was bad, bowels were not regular, there being generally Diarrhœa, stools every morning once or twice. A

midwife examined her vagina and spoke to me that she had prolapse of uterus.

I gave her Lillium tig 6x one dose morning and evening. She improved under it and the prolapse was seen no more after a continual use of the medicine.

Case No. IX. Hysteria.

Babu—Ghosh's sister-in-law, a widow aged about 24 years, had been suffering from hysteria since the death of her husband. Four years before she was robust and in good health when her husband was alive. She was placed under my treatment on the 10th of March, 1921. I made an enquiry about her complaints. She had an attack of the said disease in my presence which lasted about 6 minutes after which she woke up and I commenced asking her.

She told me that she had headache just before the attack.; anguish and oppression of the chest ; sense of suffocation ; constant motion of the hands during fits and that Music was distasteful to her and caused her to jump out of the bed and that there was pain all over the body ; there was great sleepiness but could not sleep on account of fear ; menses were irregular, scanty and painful. I gave her a dose of Ignatia 200 but to no effect. Afterwards I prescribed one dose of Taruntulla 200 and in the course of a few minutes she got rid of the fit and was as cheerful as before.

(To be continued.)

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—HAHNEMANN.

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HOMEOPATHIC JOURNALS.

We always welcome the advent of a new monthly Medical Journal. And it becomes all the more welcome if it is a homeopathic journal particularly here in India, because the spread of homeopathy depends somuch on the good reading matter and the good presciber. We have no government support and unless we can show the superiority of our treatment, the spread of homeopathy becomes almost impossible. So many new homeopathic magazines have been started and so many of them have gone out of existence after only a short duration that we always look askance when we see a new venture in this line. However as we have said we always welcome them. The Radical Healers Gazette is a new magazine whose first number appeared in January and the next number appears in August. We regret to find that it has made the remark that the Indian Homeopathic Review has gone down in

its quality. If it means, the quality of the paper, we plead guilty to the charge. But our young editor has forgotten the facts that India is a poor country, that we have just passed through the world war and the price of commodities have gone up in every direction and that we have been very reluctant to enhance the subscription of the Journal because it would have meant an extra strain on the purse of our numerous readers, and after all it is the reading matter and not the paper on which it is written that matters. It reminds us of a story. The late Peary Charan Sircar once wrote an excellent article on very bad paper and showed it to Sir Roper Lethbridge. Sir Roper remarked—"Peary Charan, it does not look well. Peary Charan immediately retorted—Sir, it will look well when printed." So we tell our young editor that although our paper does not look well, it reads well.

The Indian Homeopathic Review is in the thirtieth year of its existence. It has had three generations of homeopaths, as editors, who have been the leaders of the profession in their days. The present editors have the confidence and the respect of not only the Indian public, but of the whole world. The name of Pratap Chandra Majumdar is a household word with all Indians, and though fairly advanced in years, the revered editor writes regularly for his paper and the increase in the number of the Journals subscibers testify to the utility of the paper. The junior Editor has just been honored with the request of becoming Vice-President of the International Homeopathic Con-

gress in testimony of his work for the cause of homeopathy in India.

But still we plead guitly to the charge made against us. We shall try to improve the quality of the paper on which we write. We wish the new Journal all success and a long and prosperous life.

DRUG THERAPIES

DIPHTHERIA*

W. W. YENCER, M. D., RICHMOND, IND.

In the past ten months this locality has had an epidemic of diphtheria and during this time I have treated some seventy five cases. The treatment instituted with all the cases was first to administer Double Sulphide Compound (Burgess) 1gr. doses every hour till eight doses were used ; then every two or three hours alternate with Potassium Bichromate gr. i to water ℥iv, a teaspoonful every one to two hours, according to the severity of the case.

If the child is old enough I have the throat gargled before each dose of medicine, if not, have the throat and mouth swabbed out and washed with the Kali solution many times during the day.

I keep this treatment up till all diphtheria exudates have disappeared and fever and pulse falls to or about normal.

Then I give the double sulphides compound gr. i three to four times a day and continue the Kali Bich. as gargle and a teaspoonful of the solution every four hours. Then I follow with Specific medicine Baptisia gtts. v to x specific medicine, Echinacea or Ecafolta ℥i to iii or more to water ℥iv. Tea-

* Ellingwood's Therapeutist.

spoonful of the solution every two to four hours, dose as to age.

In my severe case, I use the Epsom, hot compression to the throat ℨi to 1 pint hot water. All day and night also bathe the entire body with the same solution.

In the past five years I have used the above methods of treatment, and I have had no occasion to use antitoxin.

I think the double sulphides compound is far superior to antitoxin for diphtheria. I see the disease fade away and such a complete recovery without any complications as you often find with antitoxin.

By this method of treatment I have had 100 per cent recoveries and no complications. As to diagnosis, this has been affirmed by the Indiana State Board, Department of Bacteriology.

When Dr. Burgess gave to the medical profession this one combination, the Double Sulphides Compound, he rendered of the greatest combinations known to the realms of medical science.

No physician can afford to practice his or her profession without this valuable drug. Its fields of usefulness are many. I also found this combination, Double Sulphide compound, to be one of the best preventives of the "Flu." Have made a test in so many cases the past eighteen months it justifies me to render a decision in its favour.

The Writer himself, the past two epidemics, has had a satisfactory test. Have taken the Double Sulphides Compound about every day during the epidemic and not the loss of one hour from my professional work, which I think is up to the average, and during all this time only noticed a little acute cold, but a few times. The D. S. C. is also worthy a trial, as a prophylaxis.

As a preventive to all exposed to diphtheria, give all the

little ones and big ones a dose of the Double Sulphide Compound every hour till eight doses are used, then every three or four hours. Also use the Kali Bich, as a gargle, one teaspoonfull of the solution every three to four hours and see what wonders you can do without that shot of antitoxin.

THERAPEUTICS OF DIPHTHERIA, TONSILITIS, SEPTIC SORE THROAT, ETC.*

Symptomatology. By C. M. Boger, M.D.

Ailanthus.

Throat livid, dark red or almost purple and greatly swollen, both inside and out.

Membrane grayish ; great accumulation of, feebly organized and in part easily expectorated, but a portion is detached with much difficulty, in flakes.

Deposit on tonsils which are swollen and studded with patches or deep ulcers oozing a fetid discharge.

Greenish purulent discharge from the throat

Dry, choky, thick feeling in throat.

Excoriating fluid runs from the mouth and nose, making the lips sore.

Cervical glands swelled and tender.

Muttering delirium on stupor.

Faintness on rising,

Occipital headche, with confusion of ideas.

Countenance shows distress and anxiety.

Thick, gray-brown scabs on upper lip.

Sudden violent vomiting on sitting up.

Rectum feels insecure (Alo.)

Extreme soreness of the lungs.

* Homeopathic Recorder, May, 1920.

Excessive nervous prostration and early debility. Low forms

Torpor ; he lies in a profound stupor, with mouth wide open (Lyc.).

Rough livid rash coming out slowly, imperfectly or in patches interspersed with lividity of the skin or petechiæ ; returning slowly after pressure.

Poisoned state of the blood.

Worse : Summer ; during scarlet fever ; admitting air to throat.

Compare Aru-t., Bap.

Ammonium Carbonicum.

Membrane is chiefly confined to the nose, with an extension to the lips ; pharynx almost free, but often gangrenous.

The nose is stopped at night and he must breath through the open mouth.

Difficult breathing at night, the cover must not touch his mouth, for fear of suffocation (Lach.).

Aroused for want of breath every time he falls asleep (Lach.).

Great prostration.

Cerebral symptoms develop.

Epistaxis on washing the face or hands.

Aversion to water.

Excessive sensitiveness to cold air and cold drinks.

Scrofulous persons, with swelling of glands of neck.

Hemorrhagic subjects, with fluidity of the blood.

Scarlatinal diphtheria.

Should not be used before or after Lachesis.

Compare Carb-v., Lac-c., Lach.

Ammonium Causticum.

First appears in nasal cavities, with a burning, excoriating discharge.

Even the tears blister the cheeks.

Mouth, tongue, fauces and throat dark red, raw, swelled and tender ; the epithelium is detached in places.

Albuminous, viscid, bloody secretion pours from mouth and nares.

Pain in pomum Adami, and under left ear.

Low, guttural, husky cough with smothered whoop, followed by suffocating spells with great anguish.

Diphtheritic croup.

Aphonia.

Acute laryngitis.

Excessive prostration and exhaustion, out of proportion to the short duration of the disease.

Malignant cases or in later stages.

Comp. Ail., Lach., Merc-cy.

Amygdala Amara.

Sharp lancinations through the swollen tonsils.

Dark red palate and fauces.

Much prostration.

Antimonium Crudum.

Child very cross ; crying when looked at, especially on waking from sleep.

Crusts about nostrils and corners of the mouth.

Antimonium Tartaricum.

Difficult swallowing and breathing, from swelling of the isthmus of the fauces.

Small circular patches, like small-pox pustules in mouth and on tongue.

Swallowing painful, of food ; difficult, better drinking cold water.

Can't bear to be touched or looked at.

Vomits tenacious mucus.

Difficult breathing, gasps for air ; with rattling of mucus in chest.

Apis Mellifica.

At first the throat has a varnished look, as *if* the tonsils and fauces particulary were coated with a glossy red varnish (Lac-can.).

The first patches appear on the arches of the palate and uvula or the membrane forms first on the right tonsil.

Deposit is thick like wash-leather ; dirty gray ; translucent on its surface, but velvety underneath ; in a ring about the uvula (Merc-cy.).

Œdematous swelling, of uvula ; like a little bag of serum at its tip (Kali-bi.) ; red, of rim of glottis, making breathing very difficult ; of throat ; of neck.

The tongue is often sore or swollen so that the child can scarcely swallow, has blisters along its edge (Phyt.) and trembles when protruded (Lach.).

Little pain with an intense and extensive inflammation or swallowing may be extremely painful..

Stinging pains in the throat, with choking spells.

Fulness in throat, necessitating swallowing, but it is very difficult.

Scalded raw feeling in mouth and throat.

Pains extend to ears on admitting air.

Great fetor or none at all.

Despondent, discouraged and lachrymose.

Crying out in sleep or sharp, shrill, piercing screams.

Awakes from sleep anxious and agitated.

Violent headaches with aching all over, especially the extremities (Phyt.).

Rolls the head from side to side or bores it into the pillow.

Puffiness about the eyes, especially the right.

Coldness of the tip of the nose.

Absence of thirst.

The urine is scanty, suppressed or excessive and highly albuminous.

Suffocative cough which hurts the head.

Tendency to heart failure.

Numb feet and hands, even paralysis.

Sudden paroxysms of burning-stinging or soreness; changing location (Lac-can.).

Very restless with uncontrollable tossing about and trying to get off the bed.

Great debility from the very beginning.

Itching-stinging eruptions on the skin, better from cool bathing.

Very sensitive to touch.

Combined with Scarlatina.

Weak rapid pulse, 130-140.

Decided chill, then hot fever, delirium and urine voided in drops, with burning, all worse at 4 p. m.; and from motion or there is a suspicious absence of heat.

Gushes of sweat.

Has value as a prophylactic.

Heat is very unpleasant to the patient.

In the year 1517 an uncontrollable scourge of diphtheria ravaged Muhlhausen, Altkirch, and the neighboring towns; finally it was treated with the application of honey of roses after scraping loose and removing the membrane, which was of a curdy appearance. The cases were attended with violent headache and loss of reason (delirium) and a pestilential (putrid) fever. This treatment had success.—"Metzger Zeitung," 1517.

Argentum Nitricum

Sticking pains like a splinter or needle.

Headache like a tight bandage.

Eructations.

Craves sweets.

Cold drinks aggravate.

Arsenicum

Beginning with langour, lassitude and very great prostration ; patient apathetic ; "so tired," with apprehension of coming distress.

Suits the very worst cases, such as sink repaidly, overwhelmed by the septic poison.

Membranes ; dry, shriveled, wrinkled, dark, black or gangrenous ; oozing blood from beneath the thickened crusts ; covering the entire fauces ; ulcerating deeply ; phagadenic character.

Œdema. Swollen submaxillary glands. (Ars-io., better.)

Burning pains, better from heat.

Great dysphagia.

As of a hair lodged in throat.

Tongue has a red stripe down the center.

Pale mucous membranes.

Acuminate pimples or pustules in mouth and on skin.

Acrid, offensive discharges.

Thin, excoriating discharge from the nose.

The throat is much swollen, both externally and internally

Anxiety or ill-humor ; worse at night.

Dread of solitude.

Very restless and anxious although very weak ; wants to change from place to place, to be carried from one bed or one room to another ; worse after midnight.

Changing countenance.

Grinding of teeth.

Great thirst ; wants water often, but in small quantities ; sometimes craves warm drinks (Lac-c.). but the drink is vomited at once.

Watery, offensive diarrhœa.

Frequent scanty stools with burning.

Scanty, frequent or burning urine.

Rapid emaciation.

Pulse rapid and weak.

Chilliness mingled with heat. Creeping shiverings and profound fatigue.

Cool surface with hot palms.

Inclined to be warmly covered.

Low or adynamic fever with somnolence, broken by starts, crying out and jerking of limbs or with restless anxiety. Nightly fever.

Burning flying heats, with cold hands.

Profuse sweating.

Comp. Sec.-c., Sul-ac.

Arsenicum Bromatum.

Great restlessness ; wants to be carried continually.

Larynx and trachea invaded ; the effort to breathe causes profuse sweating.

Irregular brownish stripe on center of tongue, more toward base.

Great thirst for large quantities.

Arsenicum Iodatum

Deposit covers mouth from fauces to outer lips, also auditory canal.

Asthmatic and croupy symptoms.

Pulse weak and slow.

Bad odor from patient.

Great prostration.

Useful in commencing pulmonary invasion.

Arum Triphyllum

Deposit, covers the cavity of the mouth ; in nose ; with (deep or angry) ulcers.

Foul, acrid discharges from nose and mouth ; excoriating the skin wherever they touch it.

Putrid breath.

Swelling of tonsils ; lips ; glands of neck ; submaxillaries (1).

Rawness, soreness and burning.

Rawness of inside of mouth and tongue ; at root of tongue ; of spots on face or skin, at which the patient nervously picks.

Soreness of mouth ; so great the child refuses to drink and cries when it is offered ; throat ; palate ; tongue, of corners of mouth which crack and bleed, so that it can not be opened ; of lips, which peel off. The patient constantly picks and pulls these off, making the lips bleed.

Burning of tongue ; pharynx and glottis ; throat ; with scratching and constant desire to swallow or clear it of mucus, which hurts ; as of something hot in the throat, on inspiration (Am-bro., Act-sp., Phyt.).

Stopped nose ; must breathe through open mouth.

Thin discharge from (1) nostril.

He bores two fingers into or picks the nose or nervously picks at one spot until it bleeds. He picks at his fingers.

Hemorrhage from the nose.

Drinks return through the nose.

Restlessness ; tosses about, throws himself in all sorts of positions, cries out and is irritable.

Excitable in mind and body.

Chapped feeling of lips, nose or face.

Urine scanty ; frequent ; albuminous.

Hoarseness ; better moderate talking.

Pain in larynx, early.

Dry, painful cough, he cringes under it and grasps the throat to modify the pain.

Pemphigoid or scarlatinous eruptions on skin.

Cross and sleepless at night.

Pulse drops every 3rd or 4th beat (Nit-a-).

Laryngeal, typhoid or scarlatinoid forms.

Aggravation after 3 p. m., especially the fever and irritability.

Comp. Brom., Nit-ac.

Baptisia

Membrane dark ; may soon tend to gangrene.

Horribly foul discharges ; as if from gangrene.

Absence of pain, although fauces and posterior nares are œdematously swollen.

Constant inclination to swallow.

Can swallow only liquids.

Yellow-brown coat along center of tongue.

Tongue feels burnt or scalded ; feels numb, enlarged or swollen, more at root.

Very prostrated and half stupid, as if intoxicated.

Delirium with confused sight and almost complete deafness.

Sense of duality.

Dull bruised feeling in occiput (Ail., Ign.).

Dark, besotted looking face.

Excoriated lips.

Dark, blood-streaked stools.

Breathing oppressed, must go to window for air (Sul.) ; ceases on falling to sleep.

Numbness and pricking in extremities.

Hands feel too large (early).

The bed feels too hard (Rhus-t.).

Chilliness of lower limbs ; with fever at night.

Amelioration : Hot drinks.

Comp. Ali., Kali-per., Lach., Op.

Belladonna

At the start, if there is much dryness of the throat and

great pain on swallowing, especially of fluids ; pains go up into ear.

Throat is scarlet red, shining and highly inflamed.

Membrane appears on the right side,

The tongue is white, with red papillæ shining through the coating.

Sour smell from the mouth.

Must swallow or thinks he will choke, yet it is paiuful and brings tears.

Glands of neck swell (< right) at once, and become exquisitely tender.

The neck become stiff and the throat pains on turning head.

Excitable and restless.

High delirium or drowsiness with inability to sleep.

Congestion to head, with heat and painfulness.

Violent throbbing in temples or rises from occiput over head.

Dilated pupils ; eyes injected.

Flushed face.

Thirst for sips of water ; craves lemonade.

Urine scanty ; blood red ; precipitating phosphates or clear as water.

Will not lie down for fear of choking.

Skin feels burning hot to the hand.

Starting during sleep.

Rapid, globular pulse, like a shot passing under finger.

Occasional chilliness.

Venous congestion.

Extremely high fever,

Convulsions.

Especially suited to children.

Has aborted the disease.

Aggravation : After 3 p. m. ; lying down.

Comp. Tarent.

Borax

Pharynx covered with a dirty, yellow, thick skin, detached in flakes, in some places.

As of a lump in throat.

Uvula swollen, with congested veins along its length.

Palate is shrunken, as if burnt or contracted into wrinkles

Spits out bloody mucus.

Cannot speak, whole mouth seems full of pap.

On swallowing severe cutting pains extend to ears.

Nose feels woundlike in its upper part.

Bromium

Rawness in mouth and throat.

Deposit worse on left side ; begins in or over larynx and extends upward (Lac-c., Merc.).

Horribly offensive breath.

Malignant forms.

Profuse, thin, colorless serum flows from left nostril.

Submaxillary glands swelled and painful.

Face injected and covered with sweat.

Rattling of mucus in larynx, when coughing.

Cough, spasmodic ; croupy, ending in a choking attack ; with lachrymation ; with cyanosis.

Diphtheritic croup.

Stiff neck.

Violent fever, with extraordinary weakness or combined with excessive sweating or else entire absence of fever.

Blondes.

Worse : Before midnight ; warmth.

Comp. Bell., Hep.

Bryonia

Superficial deposit, rapidly spreading over all the mucous

membranes and secreting acrid pus profusely.

Begins on right tonsil and spreads to left.

Pain in right tonsil on empty swallowing ; with stitches into right ear.

Swallows with the greatest suffering.

Eruption on border and anterior surface of lower lip.

Full sensation in loins.

Aggravation ; Motion. Raising up.

Calcarea Carb

Deposit on tonsils ; whitish yellow on right.

Little blisters on uvula.

Gnawing sensation in throat and chest.

As of feather dust in throat, causing choking attacks.

Profuse sweat on head and chest during sleep.

Chubby children.

Calcarea Iod

Granular swellings.

Croup.

Objects to cold drinks.

Blondos.

Cantharis

Membrane grayish ; in patches ; on posterior wall of throat ; aphthous ; on right tonsil.

The throat looks as if a blistering fluid had been applied.

Severe burning and raw feeling in throat, extending to the stomach.

Constriction of throat and larynx, amounting almost to suffocation on trying to swallow water.

Very painful swallowing.

Laryngeal forms.

Burning vesicles on tip of tongue.

Frequent urging to urinate, with burning cutting pains ; dysuria.

Vesical symptoms, as a concomitant, < drinking.

Very marked debility ; sinking death-like turns (Sul.).

Aggravation : Drinking water aggravates both throat and bladder symptoms.

Comp. Aru-t., Ars., Caps., Merc-cy.

Capsicum

Deposit covering much of the fauces.

Gangrene of throat.

Soreness on swallowing.

The throat smarts as from Cayenne pepper.

Sense of constriction, as if throat closed.

Coughing pains in the throat.

Burning blisters on roof of mouth.

Carrion-like odor from mouth.

In extreme cases the patient becomes greatly prostrated.

Concomitant rectal symptoms.

Burning strangling pains.

Aggravation : When not swallowing.

Comp. Canth., Merc-c., Merc-cy.

Carbolic Acid

Fiery red, swollen fauces or no high local inflammation.

Membrane grayish ; bluish ; n patches ; great accumulation of ; loose and easily detached.

Deposit tends to involve inside of mouth and nose.

Fetid discharge from nose.

Extremely foul, cadaverous stinking breath.

Glands of neck swollen ; swell days before the exudate appears (Merc. cy.).

Headache with dizziness.

Face dusky red ; white about nose and mouth (Aru-t., Pho.) pale with nausea and a week thready pulse.

Regurgitation on swallowing liquids.

Highly albuminous urine.

Croup-like cough.

Aphonia.

Low adynamic fever, with absence of pain.

Rapidly sinking vital forces, excessive prostration, with violent fever (Bro.).

Pulse 130.

Comp. Kali-ch., Nat-ar, Pho.

Carbo Vegetabilis

Persistent nosebleed, of dark fluid blood ; with a pale, sunken, almost hippocratic face ; in old, debilitated persons.

Hemorrhage causing exhaustion and anæmia.

Foul eructations

Collapse ; cold breath, cold knees or lower legs which are sometimes covered with cold sweat.

Wants to be fanned.

Sepsis and decomposition.

Cocculus Indicus

Dry, hot feeling or burning in throat.

Choking constriction in throat.

Aching, worse swallowing saliva, than solid food.

Paralysis of gullet.

Conium

Exudate quickly turns ashen gray, dark or black.

Painlessness.

Unhealthy, ichorous discharges.

Tongue thick, heavily coated and painful.

Depressed, anxious or indifferent.

Face very pale, sunken or swelled.

Painless, bloody diarrhœa.

Difficult urination. Urine becomes turbid on standing.

Incessant cough with sawing, snoring, breathing.

Pale eruptions.

Deficient circulation in the venous capillaries.

Somnolence with constant waking up and changing position.

Irregular fever ; chills and glowing heat.

Profuse sweat at night.

Progressive weakness and loss of bodily heat.

Comp. Kali-p., Merc-cy.

Crotalous Horridus

The fauces, tonsils and throat swell rapidly, turning dark red.

Mouth black and repulsive, impossible to keep it cleansed. (Kali-p.).

Nose invaded.

Gangrenous diphtheria.

Very great difficulty in swallowing.

Frightful headache.

Dark, swollen, puffy countenance (Bap.).

Unquenchable burning thirst.

Much swelling at angles of lower jaw ; throws head upward and backward.

If vomiting or diarrhœa are present.

Difficult respiration.

Tremulousness.

Profound prostration ; can hardly raise himself from bed.

Poisoned state of the blood.

Hemorrhagic tendency ; persistent epistaxis ; blood oozes from mouth and all orifices of body.

General lymphangitis and cellulitis ; enormous distension (Sec-c.) ; worse on neck, thorax, arms and hands.

Dark œdema. Mottled skin.

Blood boils.

Hot perspiring skin.

Pulse small, thready and rapid.

Comp. Kali-p., Lach., Taxus.

Cuprum Ars

Cramps in stomach and bowels followed by tonsilitis.

Cuprum Sulf

Dingy brown membrane here and there over parts.

General fetor, ulceration and profuse discharge.

Itching face.

Clenching of hands.

Diphtherinum

Painless cases.

Throat dark.

Tongue moist with red tip or a dark red spot at center of tip. Red papillæ.

Moisture along edge of hair.

Fan-like motion of alæ, with snoring.

Face flushed, center of cheeks purple.

Desires to have hand held.

Jerking of single parts.

Restlessness.

Skin dry.

Talks in sleep with eyes open. Sees visions.

Carphology.

Comp. Bap.

Guaiacum

Sore throat with rheumatoid symptoms. Tonsilitis.

Hepar Sulph

Croupy cough with a little rattle.

Enormous swelling of glands of neck.

Very great dyspnœa.

Diphtheritic croup.

Sweaty and weak.

Comp. Brom., Merc.

Hydrastis

Epistaxis is prominent.

Beating, darting headache.

Stools consisting entirely of blood.

Chilly, although well covered.

Aggravation from the least exposure to cold.

Comp. Kali-bi.

Ignatia

Greenish yellow patches.

Commences on the right side.

Soreness of the throat is greatest between the acts of swallowing (Caps.), or painless cases.

Tonsils hard and covered with littie ulcers.

Stitches extending from throat into ears.

Much sneezing and coryza.

Anterior cervical glands swollen.

Irritable and whining (Ap. Sul-ac.).

Delirium with fear or dread (during sleep).

Pains in occiput, nucha and sometimes ears.

Craves ice water (Ars.).

Green vomitus and greeu stools,

Suppressed urine.

Cramps in calves.

High fever.

Give three or four doses of the 200 or 1m at intervals of three or four hours then wait. A repêtition will hardly be necessary (Guernsey).

Comp. Apis, Phyt.

Iodum

White, velvety, grayish or pale ash-colored membrane.

Larynx is painful on coughing.

Diphtheria primary in or extending into larynx.

Ravenous hunger ; is worse when hungry.

Patient feels hot, wants to uncovered.

All symtoms are worse from heat.

Thin brunettes with large appetites.

Kali Bichromicum

Membrane thick, tenacious, fibrinous and adherent ; yellow ; grayish or brownish yellow ; greenish ; on posterior pharynx, roof of mouth or uvula ; in larynx, bronchiæ, nose, vagina, etc.

Hawks out or coughs up thick, tough, ropy, lumpy or sticky yellowish mucus ; streaked with blood.

Swelling of tonsils, parotid or submaxillary glands ; œdematous of uvula.

Pain in throat extends up into ear or down neck on swallowing or protruding tongue.

Tongue is red, raw and shining, or covered with a thick yellow substance.

Yellow, acrid, sticky, tough or stringy nasal discharge.

Perforating ulceration of soft palate (Nit-ac., Sil.).

Great fetor, as of decaying meat from mouth (Caps.).

Almost unconscious ; feels worse on awakening (Lach.).

Thirst for beer.

Wakes up with a hoarse, croupy cough ; in paroxysms, with expectoration of viscid, tough mucus, which may be drawn out in long strings.

Choking spells.

Measles-like eruption on skin.

Worse : On waking ; 2-5 a. m.

Compare : Merc-cor., Phyt., Pulsatilla.

Antidotes : Arsenicum. Lachesis.

Kali Carbonicum

Swelling between eyes and lids like a sack.

Large, hard, swollen glands.

Kali Chloricum

Severe cases, progressing rapidly.

Salivation ; tough, stringy saliva ; with aphthæ ; mercurial

Violent pain in throat.

Offensive effluva.

Fainting fits.

Nephritis.

Rapidly developing anæmia.

Kali Muriaticum

Many small gray ulcers on the mucous membranes.

Occlusion of the eustachian tnbe (Fagopyrum).

Excessive secretion of tough, stringy mucus.

Watery froth from mouth.

Throat dry and sore.

Ravenous appetite, then anorexia.

Voice husky and hoarse.

Sputa white as milk.

Amelioration : Cold drinks.

Kali Permanganicum

Membrane black ; foul, scab like, with erosion beneath (Ars., Sul-ac.) ; covering mouth and throat.

Horrible fetor. Gangrene.

Œdematous swelling, both inside and out ; of soft palate and uvula.

Sub-mucus tissue dark and dry.

Fluides regurgitate through the nose.

Very painful swallowing.

Thin, acrid nasal discharge.

Purple face. Irritable stomach.

Abdominal pain ; offensive diarrhœa.

Comp. Ars., Bap., Crot-h., Kali-p., Nit-ac., Sec-c. Vip

Kali Phosphoricum

Fauces look as if overspread with black mustard ; a putrid gangrenous condition.

Gangrenous ulcers in mouth and cheeks.

Fearful stench from the mouth.

Easily bleeding gums.

Diarrhœa ; watery, like rice water ; golden yellow ; of pure blood ; often involuntarily and hot.

Post-diphtheritic paralysis ; especially visual (Phyt.).

Many symptoms are relieved by belching.

Comp. Crot-h., Kali-per., Kre.

Kreosotum

Mucous membrane becomes black, soft and necrotic ; this may extend to œsophagus.

Extreme fetor.

Extraordinary discharges.

Rawness everywhere (Aru-t.).

Easy bleeding (Nit-ac.).

Burning pains.

Malignant diphtheria ; confined to fauces.

Vomiting.

General pulsation.

The body has a foul odor, very repulsive to others (Psor.).

Lymphatic and scrofulous patients.

Comp. Am-c., Carb-ac., Crot-h.

Lac Caninum

Throat glistens like varnish.

Prominent capillaries.

Membrane white like china ; thick or in small spots ; shreddy ; of various colors.

Deposit changes sides repeatedly ; begins on one (1) side or in larynx and spreads upward (Brom.).

Œdema of pharynx.

Swallowing painful, difficult or impossible ; with cutting pains ; pains shoot into ears ; fluids return through nose.

As of lumps in throat.

Throat is very sensitive or swollen externally.

Acrid, foul nasal discharge.

Keeps mouth open.

Angles of mouth sore.

Right upper eyelid pink.

Aversion to liquids, especially water.

Desires warm drinks ; cold water burns his throat.

Partial suppression of urine.

Croupy cough ; it makes the patient cry (Aru-t.).

Disposed to talk through the nose.

Hot palms.

Erratic symptoms ; pains fly from part to part.

Must constantly change position.

Glands swell and subside again ; changing.

Scrofulous persons.

Worse : Stormy weather.

Compare : Apis, Aru-t., Lach. Follows Lachesis.

Lachesis

Dark, purple or bluish mouth and throat.

Soft, baggy swelling before uvula. Uvula elongated, clinging to the right tonsil (Nat-m.).

Deposit in patches ; white shreds ; cheesy ; dirty gray ; red or bloody at edges ; sloughing rapidly ; gangrenous.

Membrane. First on left, then on right side ; on tonsils, extending down out of sight ; on fauces ; on roof of mouth ; on lips ; in larynx.

Violent pain. with but a small amount of inflammation or deposit ; worse turning head.

Swallowing saliva or hot drinks is most painful of all; pain shoots into ear (1); fluids return through nose.

Urging to swallow down or hawk up something; with choking spells.

Swallows down a lump (1), which as often returns.

As of a foreign body or skin hanging in throat.

As of needles in throat; awakes suffocating.

Little dry spots in throat.

Sudden spasmodic constrictions, as if throat would close up.

Swelling of tonsils; of submaxillary and cervical glands; of neck, even with the chin.

Can bear nothing to touch the throat; wants collar loose. Neck stiff and sore.

Dark nosebleed.

Thin, sanious, foul, acrid or sticky nasal (1) discharge, worse sneezing.

Tongue red at tip; pointed; blisters along edges (Ap.); painful at root, if bent back; trembling; protruded with difficulty, then forgets to draw it back again; coated with a yellow, dirty fur.

Much sticky mucus in mouth and throat.

Horrible odor from mouth; musty (Crot-h.).

Mouth dry and sore (Phyt.).

Lips dry, cracked and bleeding.

Loquacity; kept in check only by the hoarseness.

Changeful or muttering delirium.

Averse to being alone.

Throbbing in vertex on rising.

Occipital headache.

Drooping eyelids. Eyes red.

Faintness on rising.

Vertigo on looking at a fixed spot.

Flushed face.

Craves coffee (reverse, Sul-ac.) or cold drinks, which relieve.

Epigastric pain.

Dark, foul, diarrhœic stools.

Frequent, scanty, almost black albuminous urine.

Respiration ceases on falling to sleep (Bap., Op.) ; oppressed.

Voice weak ; lost ; wheezy on crying ; hoarse.

Fear of suffocation.

Cough painful, croupy, rousing from sleep with smothering ; on dropping off to sleep or awaking ; very difficult, scanty expectoration.

Skin now hot and dry, now moist ; livid or mottled, < limbs ; dark rash on body.

purple, dark, swollen lymphatics, as if to suppurate ; pus not laudable.

Sleep is disturbed by a dry mouth or a feeling of suffocation.

Drowsiness ; even when feverish.

Heart weak, and slow, or violent palpitation.

Pulse feeble, slow and small.

Cool extremities.

Asthenic fever.

Cold clammy sweat on forehead and limbs or excessive perspiration.

Extreme prostration ; early and out of all proportion to the duration and extent of the disease : even before local symptoms appear (Lac-c., Merc-cy.).

Steady hard ache all over, < knees and elbows ; must change position often.

All secretions are horribly foul.

Agg : Empty swallowing ; hot drinks ; liquids ; touch ; talking ; left side ; 2 p. m. ; heat.

Compare : Caus., Crot-h., Lac-c., Naj., Phyt.

Lachnanthes

The neck is stiff, painful and drawn to one (1) side.

Moves the whole body in turning from one side to the other.

Lycopodium

Deposit begins on the right side (tonsil), spreading to the left or other parts.

Red fauces covered with white patches.

Tonsils, fauces and tongue much swelled, must open mouth and protrude tongue to get his breath ; causing a silly expression.

Constant urging to swallow, almost a spasm of the throat with violent stinging pains.

Irritating, tickling in throat prevents sleep ; coughing makes it throb and smart ; none right side.

Wing-like motion of alæ nasi.

He bores and picks at the nose (Aru-t.).

The nose is stopped at night.

The lower jaw drops.

Grinds the teeth, even while awake.

Swollen submaxillary (r.) and cervical glands.

Perfect stupor ; impending paralysis of brain.

Great fear of being left alone.

Pain shoots through head on sitting up.

Head seems to open and pain shoots down into abdomen on swallowing.

Pain at root of nose or over eyes.

Desire for warm drinks, which are grateful to the throat.

Urine suppressed or scanty, leaving a red deposit.

Breathing rapid, rather rattling and a little snoring.

Neck stiff, < right side.

Frequent jerking of lower limbs ; mostly with a groan, when awake or asleep.

Crying out in sleep.

Awakes frightened or cross and angry.

High temperature.

Can't bear to be covered.

Agg. : Cold dirnks ; liquids ; milk ; after sleep, even a short nap.

Mercurious Corrosivus

Violent destructive swelling and inflamation of throat and tongue.

Merbrane dark or yellowish white and foul ; in pharynx and nose.

Ulcers on inside of cheeks.

Uvula elongated and swollen dark red.

Intensely painful burning from mouth to stomach, is rendered intolerable by external pressure.

Violent constriction of the throat ; swallowing causes violent spasm of the throat with enjection of ingesta.

Vomiting and insatiable thirst.

Ethereal odor of breath,

Salivation and secondary stomach trouble (Kali-per.).

Nasal hemorrhage.

Pulse quick, weak and irregular.

Often prescribed empirically.

Comp. : Bell., Canth., Nat-ar.

Mercurius Cyanatus

Membrance thick ; leathery ; pulpy ; pellucid ; white, dirty green, gray ; dark or black ; encircled by a narrow, very red rim ; bleeding easily ; quickly becomming gangrenous.

Deposit on lips, inside of cheeks and tongue ; on velum palati and tonsils ; invading the nose or larynx.

Necotic destruction of soft parts of palate and fauces.

Excessive putridity.

Tongue coated gray, brown or black ; dirty yellow at base. Dark red tip.

Papillæ much swollen.

Extremely difficut swallowing.

Glands swell early, sometimes before membrane appears, or may not be affected at all.

Nose bleeding or stopped.

Anxiety on swallowing, because of the pain.

Jerks the head from side to side.

Chattering teeth.

Nephritis. Urine suppressed.

Air hunger.

Harsh, barking, croupy cough, with dyspnœa.

Thick, ropy expectoration.

Heart so weak that the last change of position causes fainting.

Pulse quick, 130-140 ; small, no volume at all ; intermittent.

Chilly and blue ; with cold limbs.

Upper half of body in profuse, viscous sweat, cold on forehead and cheeks.

Exeessively debilitating sweat from the least movement.

Profound and early collaps and prostration (Lach.), with coldness, cyanosis and trembling.

Rapidly moving, malignant cases.

Agg. : Motion. Speaking. Thought of food.

Com. ; Kali-chlor.

Mercurius Dulcis

Strongly indicated by the presence of an offensive, grass-green diarrhœa.

Mercurius Iodatus Flavus

Deposit easily detached (Carb-ac.); albuminous.

Begins on arches of palate or the right side (tonsil); involves the tongue, posterior nares or larynx. Tonsilitis.

Excessive amount of tenacious or foul discharge from fauces, throat or nares; causing hawking; can only swallow in sips, the throat is so full.

Very difficult, painful swalloing.

Tongue coated, thick, or yellowish at base; red at tip and margin.

Very offensive smell from mouth.

Salivation that makes the chin sore.

Swelled, painful salivary glands.

Glands of neck swell very rapidly.

General œdema of throat and neck.

Nostrils dilate with every respiration.

Faintness on rising.

Thirst for cold water or craves acid drinks.

This remedy, which leads all others in the treatment of tonsilitis takes but a secondary place in diphtheria.

Mercurius Iodatus Ruber

Deposit begins on the left side; left tonsil inflamed.

Yellowish gray membrane.

Tonsils swollen out of proportion to the amount of exudate present.

Fauces bright red, hard palate mottled.

Accumulation of slimy or sticky mucus in mouth and throat.

Empty swallowing and swallowing saliva excites more pain than swallowing food.

Glands of neck swollen; also involving cellular tissue about neck.

Craves well salted food.

Aggravation from cold drinks.

Compare Lach., Rhus-t.

Mercurius Precipitatus Ruber

The buccal cavity looks as if thickly coated with decayed cheese.

Tongue patchy ; swelled.

Burning in mouth and throat.

Redness of eyes and face.

Violent palpitation.

Suffocation on lying down and going to sleep.

Trembling.

Comp. Lach.

Mercurius Solubilis

Throat looks purplish.

Membrane begins on one of the arches or on uvula.

Deposit grayish ; thick, with shreddy border ; adherent or free.

Tongue flabby ; indented by the teeth ; coated dirty gray or a tenacious white coating that comes off like little skins.

Profuse salivation.

Bleeding gums.

Offensive breath.

Submaxillary and parotid glands so swollen and hard that can't separate jaws (very characteristic).

Desire for milk.

Profuse clammy sweat ; at night.

Comp. Sul-ac.

Muriatic Acid

Dead white patches over arch of palate and in throat, like false membranes or ulcers.

Membrane covers uvula and tonsils ; yellowish, gray deposit.

Œdema of throat ; of uvula.

Diphtheritic ulceration of throat.

Hawks up tough, fetid phlegm.

Mouth studded with ulcers having a black base, dipping deeply and tending to perforation. Septic sore throat.

Attempts to swallow cause spasms and choking (Lach.).

Putrid breath.

Thin excoriating nasal discharge.

Nosebleed ; of dark, putrid blood.

Hard plugs of mucus in nose.

Sore, scabby or cracked lips (Aru-t.).

Sordes on teeth.

Loss of appetite.

Involuntary stools and urine.

Trembling hands.

Restlessness.

Intermittent pulse (Nit-ac.).

Most intense prostration ; hardly able to move.

Typhoid condition.

During scarlet fever.

Worse at 10 or 11 a. m.

Comp. Ars., Kali-per., Nit-ac.

Naja

Fauces dark red.

Larynx invaded ; patient grasps at the throat, with a sensation of choking.

Breath fetid.

Tonsilitis of the right side.

Raw feeling in larynx and upper trachea.

Short hoarse coughs.

Suffocating spells on lying down and suffocative cough after every sleep however short.

The patient wakens from sleep gasping and blue.

Impending paralysis of the heart.
Comp. Lach.

Natrum Arsenicum

Fauces and pharynx dark red and glossy.
Throat dark purple hue, with great swelling.
Uvula hangs down, like a sack of water.
Great prostration, but not much pain
Comp. Apis, Crot-h.

Natrum Muriaticum

Sense of dryness in throat, with constant hawking.
Burning in throat.
Swelling of submaxillary and lymphatic glands.
Mapped tongue.
A streak of beady slime along edge of tongue (Pho.).
Hydroæ on lips.
Cracks and sores in the angles of the mouth (Aru-t.).
After use of caustics, especially Nitrate of Silver.
Secondary diphtheritic croup.
Com. Ran-sc

Nitric Acid

Dark, offensive or yellow-white deposit, on tonsils and posterior pharynx, with a red border; bleeding easily when touched.

Diphtheritic sore throat with high fever, nausea and vomiting.

Throat extremely sore; much pain on swallowing.

Like sharp splinters, sticking or cutting into part, or a feeling of a foreign body, on swallowing.

Mouth studded with ulcers, more on cheeks, lips and edges of tongue.

Rapidly destructive ulceration.
Profuse, watery acrid saliva.
Fetid odor from throat.

Nose stopped ; discharging an offensive acrid fluid with hoarseness. Nasal diphtheria.

Bright nosebleed.

Nausea, distress in stomach and total rejection of food.

Dyspnœa with high fever.

Frequent urging to urinate ; red and whitish deposit in urine.

Pulse drops every 3rd or 5th beat (bad symptoms). (Ap., Aru-t , Mur-ac., Nat-m.).

Chilly, but averse to heat.

Abuse of mercury.

Syphilitic inheritance.

Comp. Aru-t. Mur-ac.

Nux Vomica

Purplish fauces.

Dark gray patches on right tonsil.

Thick yellowish coat on tongue.

Foul breath ; almost drives one from room.

Putrid taste within pharynx (Mar-v.).

Very much concerned about himself.

Stitches through both ears on swallowing.

Fruitless urging to stool. Constipation.

Pain in small of back.

Chilly on uncovering.

Perspiration smells like horse urine.

Agg . 4 p. m.

Comp. Hep., Ign., Rhus-t.

Opium

Trachea affected.

Blue face.

Suffocative attacks during sleep.

Cough with dyspnœa and strangling.

Drowsiness.

Profuse perspiration over whole body.

Comp. Lach.

petroleum

Throat looks dark red and glistening (Ap., Nat-ar.).

Membrane white, like china ; gray in nose.

Begins on left then spreads to right side and then uvula.

Bland nasal discharge, first right then left side.

Foul odor from mouth.

Stitches in l. ear on opening mouth.

Soreness of bridge of nose (Bor.).

Can't stand slightest touch, from very beginning of sickness.

Slight swelling of both upper eyelids.

Discharge from inner canthi, of both eyes.

Desires beer (Kali-bi) or brandy in water.

Comp. Kali-c., Nat-m.

Phosphorus

Membrane on hard palate.

Cold mucus comes into the mouth.

At the height of the disease or in relapsing cases.

Early prostration and heart failure.

Vomits drinks after they become warm in the stomach.

Hemorrhagic tendency.

Tendency to croup (Lyc.).

Phytolacca

The attack begins with creeps, chills and general aching, worse in neck, forehead, back and limbs.

Soft palate or tip of tongue fiery red, while throat is dark, almost purple.

Redness and swelling of soft palate, tonsils, throat and roof of mouth.

Membrane ash colored, grayish or dirty white ; in small

white or yellow coalescing spots ; like dirty wash-leather ; pearly.

Deposit on tonsils (1. first) ; pharynx ; uvula.

Rawness of throat and tongue.

Great burning in throat ; as if a ball of hot iron lodged there (Aru-t.).

Choking, as of an apple core (Merc., Nit-ac.).

Constant inclination to swallow, which is painful.

Pain at root of tongue on swallowing (Lach.).

Roughness in pharynx ; it feels like a cavern ; of tongue, with blisters along edge (Ap.).

Tongue red at tip.

Increased saliva. (Antidoted by Nit-ac. when caused by Phytolacca.)

Offensive breath.

Faintness on sitting up in bed.

Dull frontal headache, < motion. Head hot.

Vision impaired and hearing dull (late).

Livid face.

Nosebleed.

Appetite and taste lost. Metallic taste.

Nausea, vomiting and frequent diarrhœa, with pain at navel.

Contracting pains in leg muscles (Ign.) or hamstrings.

Skin dry, harsh ; scarlet or erythematous rash on.

Stiff neck.

Drowsiness.

Trembling hands and limbs (Mur-ac.).

Great weakness ; in upper limbs.

Violent fever.

Comp. Ail., Ap., Aru-t., Bap., Rhus-t.

Plumbum Iodatum

Scabs with foul smelling ichor ; most horrid tendency to sloughing.

Gangrene of exudate and mucous membrane.

Excessive prostration.

Paralytic weakness of limbs.

Cold hands and feet.

Comp. Ars., Carb-v., Sec-c.

Pyrogen.

Gray-green exudate.

Fetor.

Fiery red face.

Tip of tongue pointed and red.

Pulse disproportionately rapid.

Pulsatilla

Throat dark purplish, with prominent veins.

Dfficult swallowing.

Thin, excoriating or thick bland discharges.

Scraping and dryness.

Frontal headache with backache and high fever.

Pain in eyes < turning them upward.

Thirst for little aud often, which water relieves (reverse, Aru-t.).

Restlessness.

Ranunculus Sceleratus

Denuded patches on tongue, the remainder of the organ being coated.

Burning and rawness.

Comp. Nat-m.

Rhus Toxicodendron

Pharynx is greatly inflamed.

Membrane dark or bloody ; grayish white.

Deposit on tonsils ; apt to begin on the left side.

Wakes up every now and then complaining of pain in throat.

Swallowing is very painful ; with sticking pains.

The tongue has a triangular red space at its point, or is coated white, tending to dryness.

Lips and teeth covered with sordes.

Angles of mouth cracked, raw and bleeding (Aru-t.).

Herpes about lips (Ars.).

Bloody saliva runs from mouth during sleep.

Glands of neck, inflamed, dark, erysipelatous looking.

Swollen parotids.

Extensive swelling of the lymphatics and cellular tissue.

Low, muttering delirium.

Very restless from pains in back and limbs ; wants to be carried ; tearing pains.

Thirst.

Craves oysters.

Reddish gelatinous stools.

Mottled eruptions about joints, chest, and abdomen.

Hot, shrivelled skin.

Severe cases which soon take on a typhoid state (Mur-ac.); with thirst (without, Apis).

Agg. : From getting wet, wading in water ; in autumn ; toward nightfall ; on beginning to swallow (Pho.).

Amel. : Continued swallowing.

Comp. Ars.

Sabadilla

Membrane begins on left side.

Sensation of a skin or thread hanging loosely in throat.

Must swallow over something.

Tonsillitis.

No thirst.

Agg. : Empty swallowing.

Amel. : Warm drinks. After sleep.

Salicylic Acid

Soft exudate.

Much inflammation.

Difficult deglutition.

Great weakness.

Not much of any fever.

Sanguinaria Canadensis

Throat intensely red and burning hot.

Right tonsil much inflamed.

Membrane fibrinous ; pearly ; continuous on palate and fauces or tonsils ; worse on the right side.

Putrid throat.

Ulcerated sore throat with dryness and loss of smell and taste.

Right-sided sore throat, with pains that extend to ear and chest, burning in stomach, nausea and vomiting.

Choking spells when swallowing.

Burning in pharynx and œsophagus.

Throat feels raw ; mouth and throat feel almost denuded of mucous membrane (Aru-t.).

Roof of mouth and uvula sore and burning (Phyt.).

Burnt feeling on tongue.

Red streak along middle of tongue.

Secale Cornutum

Membrane dry and shrivelled (Ars.) ; exuding a sanious secretion from beneath it.

Offensive sanious secretion in posterior nares and nostrils.

Mouth and throat putrid.

Hemorrhage of dark, thin, disorganized blood from mouth, nose and bowels.

Great putridity and prostration.

The whole child smells cadaverous.

Involuntary diarrhoea of dark, thin, cadaverous stools ; even black or tarry from intestinal oozing.

Pulse weak and thready.

Wants to be fanned all the time (Op., Carb-v.).

Emaciation and atrophy; dry, wrinkled, withered skin.

Great aversion to being covered.

Comp. Ars., Crot-h.

Sulfur

Mucous membrane livid or bright red.

Membrane yellowish.

Deposit begins on either side or on posterior pharynx extending upward and forward.

The whole back of the throat to the palatine arches appears in a state of ulceration or sloughing.

Very little swelling.

Empty swallowing is more painful than that of liquids.

Tongue coated white, with red border or yellow, as if sprinkled with sulfur.

Shooting pains from back of neck into left ear.

Steadily progressing cases in psoric persons; the best selected remedies only palliate.

Faints easily.

Frequent sinking spells.

Very restless, must move about in bed, but motion starts chills up the back.

Thirsty, but vomits everything.

Cold drinks disagree with the stomach.

Desire for beer.

Empty gone feeling in stomach.

Burning feet, puts them out of bed.

Eruptions itch on becoming warm.

Weak, rapid pulse.

Fever with sharply circumscribed redness of cheeks.

Flashes of heat.

Cold clammy perspiration.

Dark red or bluish hemorrhagic spots quickly followed by a membrane which oozes pus from beneath.

Thick yellow deposit on tonsils, teeth and lips, sticking like glue.

Can hardly talk or make any noise on account of the abundance of membrane, or there is an absence of membrane.

Very sticky membrane.

Stringy, lemon-yellow mucus hangs from posterior nares.

Tonsils bright red and so swollen that on swallowing liquids escape through the nose.

Violent salivation.

Excessive fetor.

Submaxillary glands feel swelled. Parotids swollen hard.

Child whines when lifted.

Deathly pale, looks like a corpse.

Rapid sinking of strength.

Inclined to drowsiness and somnolence.

Frequent chills.

Sense of trembling, wants to be held.

Hemorrhagic tendency, especially hæmatemesis.

Pains increase slowly, reaching a certain height, then quickly disappear.

Odor of coffee aggravates.

Comp. Crot-h., Kali-bi.

Stramonium

Croupy, barking cough.

Red face, with paleness around mouth (Aru-t.; Carb-ac).

Awakes from sleep frightened.

Tremblings.

Suppreseed secretions.

Comp. Bell.

—*The North American Journal of Homeopathy.*

Olinieal Oases.

(Continued from page 224. No. 7, Vol, XXX.)

Case No. X. Trismons and Tetanus.

Babu Kali Das Mazumdars's daughter, who was only of about 15 days, suffered from Trismons and Tetanous in the month of January, 1921. I went to the bed side of the patient and carefully noted the symptoms. Violent spasms or convulsive movement of the limbs supervened and the muscles of the whole body became exceedingly stiff The jaws were more firmly closed and high fever set in. In short the case took a very serious turn and to confess the truth I was almost despaired of the life of the girl when, luckily the following groups of symptoms came under my observation—the body bent backwards in the shape of an arch with retention of consciousness and extreme sensitiveness of the whole frame ; considerable stiffness of the hand and feet, inflamation of the navel and constipation.

I gave her Nux Vom. 30 to be taken at an interval of every three hours. A few hours after the patient fell asleep, her voice was more distinct ; the febrile symptoms abated and the paroxysms became less frequent and troublesome. I then repeated Nux Vom 30, four times a day.

Next day in the morning, I saw the patient and gave her Nux Vom 200 once a day. After two days the father of the child informed me saying "The infant now is quite hale and hearty."

Case No. XI. EPILEPSY.

Ram Ratan Panday about 20 years of age, of a robust frame and mild temperament had an attack of epileptic convulsion one day in the month of December, 1919. He was then studying hard for his examination. His parents thought that it was caused by brain fatigue, so his study was discontinued for the time being. He was apparently well for six months when suddenly he lost his balance, fell down and an epilectic fit took place.

I was consulted at the time of this fit, but it was over before my visit there. I enquired and was informed that there was no family history in that case. The parents could only tell me that mental over work was the cause. I made a private enquiry and was told by my patient that he was for a long time addicated to self-abuse and still had that habit. He had Spermatorrhea from a long time as the effect of his vice.

I gave him Rana bufo 6 two times a day and this remedy had a charming effect on his sexual system. There was no fits afterwards and his Spermatorrhea and sexual debility were cured. Since then he is keeping good health.

Case No. XII. NEURALGIC PAIN.

Md. Yakub Hossain's wife aged about 25 years had been suffering since two years from obstinate Neuralgic pain commencing from near the apex of the left side of neck down to the arms and fingers. The

pain was unbearable, but menses were regular in every respect. All on a sudden the pain came on like electric shock and spread through the parts quickly. She had undergone Allopathic and Unani treatment during the long time with no appreciable benefit.

Bowels were regular, appetite was good, and no other abnormal phenomena observed in her case. Pains of all character—throbbing, beating, burning, stinging was observed and there was great restlessness during pains. She had an attack of malaria four months before the attack of the pain and took large doses of quinine.

She came under my treatment in January, 1921. I prescribed Arsenic Alb. 30 morning and evening. The medicine was given for four days after which it was stopped and there was no pain since then. The husband of the patient came to me after four days and informed me that the patient was perfectly recovered.

Case No. XIII. Pernicious Fever.

Nawab Khurshaid's mother of Hosainabad about 70 years old was brought to me in a pitiable condition of emaciation with protuberent abdomen on the 10th of October, 1920. She was attacked with the disease about two years before. She was treated, as a matter of course, by Allopathic physician who drugged her with quinine etc. but with no good effect. On the contrary her constitution was worn out and pulled down by the excessive use of powerful drugs

Gradually her spleen and lever began to enlarge, and assumed such enormous sizes that they almost covered the whole abdominal cavity and even made some inroad into the chest above. The spleen and liver became as hard as stone.

The appearance of the patient was sallow. She had not a drop of blood in her face. The conjunctiva was white, the extremities seemed dried up as if there was no flesh in them. In fact, the muscular tissues had dwindled into something like thin strings. Fever came on every mid-day with a slight chill and hands and feet became cold and there was burning heat all over the body. There were great thirst, restlessness in the evening and the temperature rose up to 106 and she became senseless, afterward her body began to perspire and her temperature gradually fell down to 96. I gave her a dose of Sulphur 200 and advised her son to report me in the next day. I went to see the patient next day and found no progress either for goon or for worse. I gave him Arsenic 200, one dose every day in the morning. After using that medicine for four days he called me again. I saw the fever came on as usual but the temperature rose up to 104F. and came down to 97. I could not thoroughly examine her body owing to Parda system. The fever continued for a week, then I gave her one dose of the said medicine every fourth day and gradually her spleen and liver became smaller. After a week the fever subsided. There was a slight diarrhœa. There seemed a little puffness of the face and decrease of

urine. I gave her Ferrum Ars. 30 twice daily. She was then taken to a place about 100 miles from Bhagalpur, so I got no information for a fortnight. His son took a phial of the medicine and continued it for two weeks. He now came to say that the patient was a good deal improved in every respect. She had no fever for about 3 weeks, bowels regular, appetite normal, spleen and lever was softer and rather reduced. The same medicine continued once a day. After a fortnight by the blessing of the Almighty she was completely cured and recovered her health as before.

Case No. XIV. ANURESIS.

Babu Mohan Lall about 20 years old came to my hospital on the 10th November, 1919 and enquired whether Homeopathy had any medicine for dribbling of urine at night in a young man. On enquiry I found that he himself was the patient. He said that he had taken a lot of medicines for the last six or seven years without any benefit. At last he became hopeless of recovery and gave up taking any medicine but one of his friend who was a patient of mine asked him to come to me. Soon after his going to bed when he was asleep for two hours, the urine would continue to dribble unaware until half of the urine had passed. On this way he was troubled every night. Then I said, "yes we have got some good medicines which would stop this kind of disease in a short time." My first prescription was Causticum 30 twice daily

to be taken for four days. He did so but there was no change for the better. I then prescribed Causticum 200 one dose and Placebo 7 powders morning and evening. He took it for another four days without the least benefit. On my third prescription I changed the medicine and gave him Sepia 30 thrice daily. He was better for one or two nights but dribbling of urine continued as before. The patient became impatient. I gave him Gelsemium 1x thrice daily. He took the medicine for four days and was so much pleased that when he next came to me he said "This is the right remedy." I continued the medicine twice daily for some days and then discontinued it altogether. By the blessing of the Almighty he was quite free from his disease.

Case No. XV. Spermatorrhoea and Morbid Sexual Instinct.

A young student about 23 years of age came to my hospital on the 9th of September, 1919. He said that at night he dreams as if he is cohabiting with a woman and in this dream the semen is discharged but if he actually tries to cohabit with a woman when awake, his male organ is erected as usual but no emission takes place, however long he may try. On the first day I prescribed one dose of Sulphur 200 every fourth day, with no improvement. Then I gave Selenium 30 and Acid Phos 30 without any effect. I prescribed Graphities 30 but he received no benefit. The patient was becoming impatient, he had tried

Kabiraji, Unani and Allopathic medicines but to no effect. I told him "If God helps me I must cure you." I gave him some hope and prescribed Graphites 1000 once every five days. After the administration of three doses of this medicine he came to my hospital and informed me that day before last night he tried once and the semen emitted like every other body. I gave him placebo pill one dram for a month, using which he was perfectly cured.

Case No. XVI. Sore Throat.

Babu.........Mukherjee about 70 years old had been suffering from sore throat for seven days during which time he had tried Allopathic and quack remedies but was getting worse daily inspite of these. He came to my dispensary on the 10th March, 1921. The swelling and Disphasia became so great that the people thought that to be a case of Diphtheria. On my careful examination, the left tonsil was found to be extremely swollen, almost closing up the throat. The right one was also slightly swollen, the face was highly congested, the appearance was almost dark, red. His voice was husky and it pained him to talk, there was great difficulty of swallowing, the glands of the neck were enlarged and there was a slight rise of the temperature. The patient suffered much pain, when he tried to swallow food and also after sleep.

I prescribed Lachesis 30 three times a day for four days. On my second visit on the 14th of March he told me "No progress either for good or for worse."

I gave him Lachesis 200 one dose. The next day I heard that the patient was better. The same medicine continued for every fourth day and the improvement continued and the patient got well in a fortnight.

Case No. XVII. Chronic Diarrhoea.

Babu......Mistri about 24 years old had loose evacuation of bowels for six months when he came to my dispensary on the 15th of July, 1921.

On my careful examination the following symptoms appeared. Stools were of yellow watery colour quite copious and gushing ; there was gurgling sound in abdomen and great pains before passing the stools and considerable accumulation of winds in stomach which passed with great noise, There were generally five or six stools all in the morning from 5 to 10 a.m. His appetite was good but could not take a hearty meal owing to much flatulence. The region of the liver was painful especially on pressure. The patient grew much prostrated and anemic and sometimes had to take a deep breath as if from great weakness. He became despondent of his recovery, though he was treated with Kaviraji, Allopathic and Homeopathic medicines without avail for four months.

I gave him Sulphur 200 one dose and advised him to report day-after-tomorrow. On the 17th of July I saw the patient, there was no progress either for good or for worse. Then I gave him Natrum Sulph 30 thrice a day with the hope of prompt and

permanent recovery. The next day the patient felt much better. Passing of wind was less and there were only three stools without gushing or pain. The same medicine continued twice a day and along with it the improvement continued. The medicine was stopped and the patient was cured in a week.

Case No. XVIII. CHRONIC DEAFNESS.

Babu.........about 24 years old came under my treatment on the 10th November, 1920. On my careful examination the following symptoms and conditions were found.

There was no pathological lesion found in the internal or middle ear after a thorough examination made by an eminent physician. The patient was anemic and had malarious fever off and on for one year, the consequent effect of which had been loss of hearing with troublesome buzzing and hissing sound in both ears. He had become despondent of his recovery as he had Allopathic, Kaviraji and Homæopathic medicines without avail fot ten months.

I gave him Causticum 30 twice daily for two days. I saw the patient on the 12th November and was told that no progress had taken place, I next gave him Ferrum picrinum 30 twice a day.

On the 19th November I saw the patient, He told me that after using two doses of medicine he felt better and informed me that he had no complaint of deafness. I gave him placebo pill 30 one dram for a month. I saw him recently who told me that he was quite cured of the disease.

Case No. XIX. MALIGNANT CARBUNCLE.

Babu............Ram aged 40 years was dangerously attacked with a malignant carbuncle on the left side of the spine. He was under the treatment of an eminent Allopathic Doctor. When the doctor came out with a lancet to open it, he was greatly frightened and came to me on the 10th January, 1921, I prescribed Hepar Sulph. 30 to be taken every three hours to expedite the course of suppuration. After 3 days I found some healthy pus coming out and I gave him Sili. 30 thrice daily. Again after two days I saw that all the opening had become one and then there appeared a large white slough closely adhering. Next day I saw that it had become bluish and administered one dose of Lachesis 200 once a day. It was loosened and was hanging on the back. The next day it dropped from the back and the patient was cured within a fortnight.

SANICULA.

J. G. GUNDLACH, M. D. SPOKANE FALLS.

Another year has passed and sanicula once more *humbly* knocks to be admitted to the company of that glorious galaxy of therapeutic stars, which form the materia medica pura of Samuel Hahnemann. This remedy will, when fully developed and understood, go hand in hand, rivaling the most noted of our anti-psorics and *polichrests*. So confident am I of this, that

I have came to look upon the proving of this mineral water as the work of my life. In what follows, I will endeavour to give some new symptoms which should be added to the text of the proving, with some comparative hints and clinical verifications different from any heretofore reported.

SKIN.

Eczematous eruption which first made its *appearance* on the outside of the first joint of the thumb of the left hand; commenced with an itching and a desire to scratch; after scratching small vesicles would appear and burst exuding a watery fluid, which, after a while became somewhat sticky. Still later the parts cracked and blood would exude with this watery substance, drying and forming a crust. At first there was not much pain, but later the parts would burn, and smart, becoming very sore, with deep, ragged, angry looking cracks. From the side it *gradually* spread over the ball of the thumb and around the joint, until it met on the under side, extending over the back of the hand and upon the wrists; also to the back of the right hand, which did not get so bad. It spread by the means of new pustules out side of the old eruption. These pustules would form in a circle spreading from the centers until they united with the original, the edges of which were always sore, angry and raw looking, while the center or old part was more dry, cracked and scabby. The hands were worse during cold weather, raw looking, with large, deep cracks from which the bloody sticky fluid exuded. This

condition lasted over one year. I give at different times and at long intervals, Rhus, Hepar, Sepia, Graphites and Sulphur in the order named; except Sulphur which I give as an intercurrent once or twice. (See proving, I, A. H. Trans., 1887.)

Knuckles of the fingers creek and leak.

Hands are swollen, and stiff in the morning on first awaking. (2.)

Prover No. 4 is now over 16 years, has been menstruating some nine months. The periods are very irregular, attended with pain from the small of the back downward and forward until the flow becomes fully established, when the pains get better.

She is cross and irritable during the time.

Flow lasts from four to six days.

Has light feeling in the head, worse in close room, better in the open air.

Looks tired and languid.

During the first month the flow would return at three weeks, but of late always too late, six or eight weeks. (4).

Prover No. 2: Flow now always too late, sometimes six, eight and ten weeks apart.

Comes on with grinding or dilating pain in the lower abdomen, with soreness of the womb.

Pain in the back, better when the flow is established.

Some six months ago I first noticed an *enlargement* or growth on the left side of the womb, just above the cervix, which has grown to the size of a hen's egg. It

is smooth, round and somewhat hard to the touch; is gradually growing larger; moves with the organ. Has not had any sensation until just at this time. Her flow being six weeks late, had a slight show with the usual pain, but did not amount to much. Since then *complained* for a day or so of some slight burning, with sharp stitching pains going upwards. She is very nervous and easily irritated, even by the children. Can't bear a close, worm room; it seems to smother her; feels better in the open air, if not cold. Can't bear the cold. Just how much Sanicula has to do with this growth, time and opportunity to verify, alone will tell.

COMPARISONS.

I make these comparative hints in the hope that others may follow them up, as the study will fully repay any labor or time that may be bestowed upon it and prove at once the great importance of proving the waters of these natural mineral springs. We will take the first compound of the chemical analysis of Sanicula, Nat. mur., of which Salt the water contains some ninety three grs. per gallon. Notice, how it reproduces itself in this proving. This is also true of all its constituents as far as proven. Under the mental symptoms of Natrum we read. "Difficulty of thinking; absence of mind; memory weak." (Hering).

Can't remember what happened the day before." (Dunham).

Sanicula reads. Great forgetfulness. "She forgets

what she is going for, has to stop and think." Forgets the most common things of his work the day before; what remedy he gave his patients, etc."

Again Natrum reads : "Melancholy ; Sadness."

"Dreads her work because she feels weak" (Farrington).

Sanicula has : "Dreads her work because she feels so weak and exhausted, with an *irresistible* desire to lie down.

As I did not intend to extend this *comparison* all through, I will only suggest to note the time Natrum aggravation, or its "sum pains," with the sanicula back pain ; its hydroa on the lips ; ulcers in the mouth and on the tongue ; the craving for salt with children, along with the emaciation ; going for days without even a desire for stool Child slow in learning to talk , Prover No 6 being over three years old before he began to make any effort in that line.

(To be continued.)

THE INDIAN

HOMEOPATHIC REVEW.

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"The knowledge of disease, the knowledge of remedies and the knowledge of their employment constitute medicine."

—HAHNEMANN.

XXX] OCTOBER, 1921. [No. 10.

IS IT FAIR TO RUN DOWN HOMEOPATHY ?

An ignorant laity is beautifully kept ignorant of the scientific principles that underlie the therapeutic principles and the beneficent results that accrue from the Homeopathic system of treatment. The marvels of modern surgery, the half-truths of the different bactericidal and injection treatments, and the glittering parafernalia of the methods of treatment of the dominant school together with their large hospitals and well trained doctors and nurses, manage to keep the so-called educated community beautifully in the dark as to the real merits of the system of treatment that is in vogue throughout the world. How many of the people have thought seriously over the merits of the system of treatment to which they entrust their lives? They are content to place their lives in the hands of the well known Dr. so and so. The so-called educated community, who perhaps have never had time to judge the true merits of any system of treatment, do not

hesitate to sneer at Homeopathy, Kaviraji and all the other systems of treatments simply because the leading members of the dominant school find it to their advantage to look down upon all these other systems of teatment. From their trade union point of view they find it advantageous to keep up the sneering attitude. I ask in all seriousness how many of these physicians have cared to study these systems of treatment, that the Homeopaths and others preach and practice and yet they have not hesitated to run down these systems of treatments although they are themselves thoroughly ignorant of even the fundamental principles that underlie these systems of treatment. I ask—is this honest or is it fair ? The proper way to denounce a system of treatment would be to study it, to experiment with it and then to expose the fallacy of it. I reiterate what Wheeler has said in his book :—"Experiment has convinced them (Homeopaths) and they are willing to stand or fall by the results of it ; they are human enough to be a little resentful of the too common habit of pronouncing judgement in this (scientific) cause without such investigation of the evidence as alone can warrant a scientific conclusion.".

What have been the results of a few experiments that have been made here and there ? Constantine Hering was appointed by a government to study and expose the falacy of Homeopathy. Hering was an ardent student and a thoroughly honest man. He studied the principles and practice of Homeopathy, and was convinced of the efficacy and the scientific

precision of this system of treatment and he became an ardent Homeopath and died as one of the greatest men of the Homeopathic school. Such was the case also with some of the pioneers of the cause of Homeopathy in this country. A Beharilal Bhaduri, and a Gopal Chandra Lahiri, graduates and brilliant students of the Calcutta Medical College, began the study of Homeopathy with the object of exposing its fallacy, but ended by becoming ardent followers of Hahnemann and exemplary leaders of the Homeopathic profession of India.

J. N. M.

SANICULA.

(Continued from page 280, *Nos.* 8 & 9, *Vol. XXX.)*

Who could fail to notice the reproduction of the Natrum dreams in Sanicula? (verified as reported I. H. A. Trans., 1888, Page 252).

In Hepar we have the hydroa on the lips, also rotten cheese odor of the stools. Sour stool and sour smelling baby.

The eruption spreads by means of new pimples in Sanicula from its Calcarea sul. No doubt. In the constipation of Sanicula we have a whole team, four in hand as it were Natrum, Magnesia m. Alumina and Silica. How marked are all the Borax characteristics, of which the Sanicula has but a trace reproduced. Its aggravations from downward motion (cured by the proving in prover No. 7), along with its mouth

symptoms it seems almost needless to proceed with this process. I trust enough has been shown to create a personal interest in the study of Sanicula.

CLINICAL VERIFICATIONS.

Prof. D. C. E. aged 50, stout and robust looking, with a very florid complexion. Has been subject for some years to pains about the head and face of a neuralgic nature, brought on at any time by exposure to winds, cold or warmth. Pain comes from the back part of the head to the face, and at times from as far down as the shoulders. Right side worse. Bowels are constipated very much, will go days without a desire for stool. Digestion not good. Food sours; at times will eructate food and water, sour. Does not sleep well, awakes often during the night. Feet cold, damp and sweaty, is better from warmth, has to wear a fur of heavy cap even in summer to keep warm (Psor.).

Sanicula 10 m. cured this whole case. The old gentleman would come 60 miles from Dallas to have me prescribe for his family, saying, "The Dallas doctors don't know anything."

Case II. Mr. D. aged 50, wagon-maker. Has suffered from rheumatism since the war, mostly in the shoulders and lower limbs. The joints are stiff and painful, especially in the morning; after he "gets warmed up," he does very well. The shoulder joints are the most painful. He can make the forward and backward motion, as with the drawing knife or plane,

but cannot raise his hand to his head or place it behind him without great pain. At the time of coming to me for treatment had been sick with dengue fever. Felt weak and could not get his strength, though he had been up and about some three weeks. This fever has many pains in the joints and bones, he was suffering very much at this time, was also having some neuralgic pains over the right eye. Was always worse in the cold or damp weather and better from warmth. Bowels constipated. Sanicula 10 m.

A few days after taking the powders he came to the office to show me how he could use his arms, could place his hands on his head or behind him and swing them around any way, giving full play to the joints with no pain, only a slight soreness in the left shoulder. He said after taking the medicine, he felt a sense of warmth and stimulation in his stomach and could now relish his food. On the second day, had a healthy, soft stool, something he had not had for a long time,

Case III. Mrs. W,, aged 55. Said he had taken a very violent cold two days before ; had great pain in the muscles of the neck, shoulders and upper back. Pain was constant, but made sharp if she attempted to put her hands on her head or behind her. Could not look around without turning the whole body. Worse from cold or motion ; better from warmth and rest, until she got tired of holding the head and body in one position, when she would have to move it. This was the first opportunity I had to verify the

symptoms of my proving on my return to St. Louis, and it was with some fear and many misgivings that I gave her Sanicula 30. My feeling can better be imagined than described the next morning when making my call. I found her very much better in every way, and she was soon cured without any other medicine. Thus we have these shoulder pains verified in both acute and chronic conditions; have verified it a number of times.

Case IV. Mr. A. says he has been taking pills all his life time, so far as he can remember, will go a week at a time without having a stool if he does not take them. At such times he gets quite sick and feels badly, then has to resort to pills. Had tried many old school doctors, who only gave him catharties. So he would try a Homeopath this time. I found the following conditions; No stool and no desire, for five days. Has dull headache in the forehead, attended with vertigo; can't stoop or get up suddenly without bringing on vertigo; when walking gents blind and dizzy; can't see for a while, has to stand still until it passes off. Has not much appetite. Yellowish coating on the tongue, which is large and flabby. Bad taste in the mouth especially in the morning; at times the stomach is full and oppressed after eating; accumulation of gas. Stool scanty and requires great effort to expel. Has a "not done" sensation after stool. Sanicula 10m. cured this case promptly and completely.

Case V. Miss. R., age 20. Has been constipated

all her life and says she is sick of taking pills; will go a week without any desire for stool. Always has great trouble to expel the *accumulation*, requiring all the effort she can put forth. She has no unusual symptoms. Her appetite and digestion are good. She looks well and the only symptom I could get after long questioning was, that at times when she felt the stool would be expelled, it would slip back again. Sanicula 30 helped this case at once.

All the above cases are taken from my case book. Sanicula is each case did the work alone, and it was permanent. To me it is already a polychrest of the first class.

VERIFICATION OF SANICULA.

W. M. Jefferson Guernsey, M. D., Philadelphia.

On looking over the paper by Dr. Gundlach, published in the *transactions* of a former year, one cannot fail to note the great number of old and well-known drugs that this water contains; and is rather surprised that in their combined and consequently altered state they do not (as is usual under the circumstances) lose their identity; but each drug seems to reflect its personality like a collection of colors so grouped that the beauty of one does not mar that of its contiguous fellow, yet not so blended in continuous unity as to form a new and single shade. Unique as this fact may seem, its chief beauty to us lies in the remedy being applicable to a great many cases that are partially, though not

thoroughly, cured by any one of the drugs which it contains.

It is to be regretted that all cases that have been treated with it cannot be reported. I have used it quite frequently and with a great deal of satisfaction, but as the records are placed under the patients' names instead of that of the medicine I can only turn to the few whose names now occur to me.

Case I. F., aet 2½ years.

August 1. Stools grenish mucus, often smelling decayed.

Vomiting, (Nothing peculiar about it).

Mouth aphthous on sides.

Some cough.

Restless, with crying.

Sweat about head.

Rubs nose on waking from sleep.

Stool turns greener on standing.

Sanicula, 10 m.

August 3. Better in every way, except an abscess which is developing under left Jaw. Sac. lac.

August 8. About seven stools a day, Green at times, knees cold.

Abscess of neck discharged.

Cries on coughing.

Six doses, Sanicula c.m.

August 11. Has nine stools a day ; yellow : pain before stool.

Hard cough.

Rumbling in abdomen.

Her mother says she seemed "So much better while taking the first medicine."

Sanicula 10 m. water continuously.

August 18. Looks well and is getting fleshy. Sac. Lac.

OBSERVATIONS.

1. All the symptoms first presented were covered by other drugs, but the one "Stool turns greener on standing" and so far as I know Arg. N. and China alone have this except Sanicula. Sanicula having this as well as the others was the remedy.

2. As the patient improved, an abscess developed; that the formation of this was a necessity to resolution is evidenced by the fact that she grew worse while out of the medicine, which would not have occurred if the suppuration had of itself been an aggravation.

Case II. R., aet one month.

October 10. Sore mouth.

Jumps on waking from sleep.

Stool difficult, with straining.

Sanicula 10 m., cured in a few days.

About three months later same child.

Swelling about eyes.

Discharge of water from nose.

Rubbing nose all the time.

Wakens frightened, as before.

Five doses sanicula 10m. cured at once.

Case III. N., aet. 25 male.

August 13, very costive; cannot hava stool with

out straining very hard even if the stool is loose, and often has inffective urging.

Sanicula 10m., every 12 hours.

October 3, was well so long as the medicine lasted.

Sanicula 30m., every 12 hours.

November 13. Better while taking medicine. Now has return of it with itching of anus after stool. Pricking at Anus with stool, and sensation as if stool was pressed back.

Sanicula 10m., every 12 hours ; cured permanently this time.

OBSERVATION.

3 The remedy seems to act best if repeated continuously.

Case IV. B., aet. 4 months.

September 1. Stools loose ; green.

Fever : Restless at night.

Losing flesh.

Eyes look very heavy.

Has had sore mouth, which the mother had removed by use of Borax.

Five doses Sanicula 10 m.

September 3. Stools have been better, but green again this morning.

No fever now.

Sleeps all night, and looks better.

One dose Sanicula 50 m.

September 6. Stool natural.

Slight fever last night, after 12 O'clock, first time since.

One dose Sanicula cm,

No more medicine needed.

Case V. S., aet. 7 months.

September 27. Stool loose and copious.

Stool becomes pale on standing.

Fever : Worries much.

Vomits large chunks of milk.

Wakens screaming in fright.

Sanicula 10 m.

All of these symptoms disappeared but a large carbuncle appeared on right buttock, which gave less apparent distress than its size would indicate and evacuated in five large openings, all within a little over a week. Child made a very quick recovery and has remained well ever since.

See observation 2.

OBSERVATION.

4. The symptoms "Stool becomes paler on standing," I cannot find any where, but being directly opposite to that of Sanicula, points to this drug if an observation which I called attention to once before is correct, and which seems to be verified in the success of this prescription.

I can recall two cases of marasmus that were greatly benefited with it, Yet eventually died under other medicines ; possibly the Sanicula should have been continued:

Dr. J. V. Allen. I have had considerable experience with this remedy and many cases similar to those reported by Dr. Guernsey in which Sanicula

was indicated in summer complaint. But it is especially to the eye symptoms of Sanicula I wish to refer. It has marked photophobia without much *inflammation*. This is so marked that the patient cannot bear the light of day. He must close the eyes constantly, and with this there is a profuse discharge of a thick, yellowish and greenish nature which excoriates the cheek or any part of the face which it touches. All of the cases which were of long standing and failed to be relieved by the old school physicians, were cured in a very short time by Sanicula. The photophobia was the first symptoms to disappear.

Dr. Beigler. Was there any nasal affection?

Dr. J. V. Allen. In one case of a child the discharge was greenish and the nostrils and lips were excoriated, but that very quickly and entirely disappeared under the action of the remedy.

Trans. I. H. A. 1889.

Clinical Cases.

P. C. Majumdar, M. D.

I.

Pneumonia. A young man of 20 had an attack of fever and pain in the chest and cough on the 6th December. I was called in on the 2nd day of fever and on examining the chest found a pneumonic patch on the right side below the nipple. Belladonna 30 was given by another doctor with no effect. Complained of great pain in that spot both in breathing and coughing. Was

very restless the previous night with tympanatic distention of abdomen and constipation. Cannot lie on the right side. There was no expectoration and on coughing a little frothy watery substance came out, movement of ali nasi present, complained of great weakness.

Lycopodium 200 one dose was given dry on the tongue and no more medicine. All his complaints were better on report the next day; I examined the chest and crepitant rales were audible now and the pains very much mitigated; gave him no medicine. This afternoon he had diarrhic stools three or four times. Other symptoms were better, temperature came down to 99F. Abdominal distention much reduced. Prescribed Chelidonium 6 X, but it was not given as the patient was very much better. No medicine was taken today and the patient was convalescing. Cure was effected in a few days.

II.

A young woman at Tangra, mother of two children and five months in pregnancy, was attacked with fever and treated by the allopathic doctors for, sometime. She became worse by day. Dysenteric stools appeared and she was very much run down, became anemic, no appetite, vomiting of food as soon as it touched the stomach, intense thirst and high fever. I saw her in extreme agony, unconscious, flickering pulse, movement of the head from side to side, required constant fanning even in this cold weather.

Heart—first sound was accentuated, second almost

inaudible. Temperature 104 F. Passing constant stools of white mucus with spots of blood. Intense thirst, small and frequent.

Arsenic 30 every 3 hours. In the afternoon got information that she was almost in the same condition.

Arsenic 200 one dose at night and no more. The next morning some improvement, no vomiting, retained food, thirst not so constant and fever reduced to 101 F. No medicine to-day and continual improvement.

Next day she had an abortion and was very much prostrated. Heart very weak. Other sysmptoms same, but stools not so frequent.

China 30 one dose every three hours and after three doses I wanted information. In the evening she was better and I gave some placebo powders, one every three hours. She was making rapid progress. Fever and diarrhœa stopped and she made a thorough recovery in the course of two weeks, though still anemic.

III.

Gallstone Colic. A young man suffered long from indigestion and was very irregular about his meals. Took anything he liked, no regular time for taking food ; Had acidity, heart burn, flatulance and obstinate constipation. Had an attack of colic in December last, followed by jaundice nnd loathing for food. Took some allopathic medicine and was worse. He consulted me and I gave him a dose of Nux vom 30 morning and evening.

After one week, he came to me and reported a severe attack of colic two days previously. Symptoms were almost the same. This time colic began at 3 p. m. and lasted longer till about 8 p. m. He took enema and hard ball-like stools were passed, Flatulence the same and after passing it down he got some relief. Abdomen distended and no inclination to take food. I ordered him to fast the whole of next day.

Lycopod 200 one dose then and one the following morning on empty stomach; passed a good stool next morning in which there were some-stone like substances. However I did not repeat the medicine. Kept him on simple diet, no meat, no ghee, only vegetables, dal and rice.

He continued better for about six months. Now he began to take meat, ghee and hot spices; time of eating not regular again. Had an attack in July, I gave him a dose of Lycopodium c. m. and stopped all those foods, only rice and dall allowed with fruits for tiffin. Jaundice almost disappeared and bowels became regular. No more attacks since then and I keep him under observation.

VI.

A young woman suffered off and on from profuse hemorrhage during menses. It was early and profuse, of a dark red color, followed by thin leucorrhal discharge, menses attended with pain and acidity and diarrhœa. Another homeopath tried Pulsat and Nuxvom to no purpose. During menses when she had purging I gave her a few doses of Bovista 30. The evacua-

tions stopped at once and the next menses were not as painful and gushing. Before the menses she had a tendency to diarrhœa and I stopped it by two doses of Bovista 30. I learned from her husband that she had no more troubles in subsequent menstruation.

V.

A little child had diphtheria, glandular swelling in neck and greyish thin membrane on the throat. Fever was not very high, only 101 in the afternoon and a degree less in the morning. There was difficulty in swallowing and breathing, I gave him Kali Bich 30 for two days. The glandular swelling was less but other symptoms were the same, Besides, the other side of the throat seemed to be affected. There was thin glistening membrane and deglutition was almost impossible.

Lac can 30 two doses the first day had the desired effect. The child felt easier in every way and the fever was gone. I did not repeat the medicine and he was getting better every day. It was a mild case of diphtheria and the child was cured in a few days.

THE HIGHER DIMENSIONAL HYPOTHESIS; A POSSIBLE EXPLANATION OF THE ACTION OF INFINITESIMALS.*

By Benjamin C. Woodbury, M.D., Boston, Mass., U.S.A.

Introductory Note: - Modern Medical Science is on the verge of great discoveries. Indications are multiplying to substantiate the statement that we are in a fair way of enlarging the scope of our intellectual and scientific vision, with a corresponding widening of the field of consciousness; consciousness of the minute, the unseeen; consciousness of the inner and deeper meaning of life. We are on the threshold of a higher awakening, and with it is dawning a sense of increasing powers. These forces are just at present taking the form of highly developed mechanical inventions, many of which have been conceived solely for the purposes of human destruction. We have harnessed and brought down the forces of the air, and we are beginning to skirt the edges of the great ocean of the interstellar spaces. We have unearthed the latent powers of gases and minerals, and are at the present moment peeping into the hidden mysteries of the imponderables.†

Along with our study of radium, ultraviolet rays, wireless telegraphy and modern telephony, we have even ventured a little way into that unknown region we designate as the ether.

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* Chairman's address, last annual meeting of the Society of Homeopathicians, Chicago, October, 1916.

† "There is a stroag tendency to depend upon what is gleaned by the senses, but the realm of immaterial or simple substance must be recognised by the reason. To educate the mind (inclined to receive only that which can be received through the avenues of the senses) so as to cause it to think intetiorly, requires considerable care and study."—*Trans. Society of Homeopathicians*, 1910.

Hitherto unknown and mysterious powers of the human organism are being investigated. Thought forces are being recognised ; and the range of intermolecular ,interatomic, and electronic vision is being widely increased. In short, a deepening interest is being manifested in the powers of the human mind.

Over and above all this, there is a vast residuum, upon the borderland of the intangible and the unknown. This residuum may be the locus of that little explored realm now coming to be spoken of as the higher dimensions. Such a limbus, while it may, in the minds of many, be open to question, is none the less deserving of scientific investigation.

In the year 1911, Dr. Edmund L. Compston presented to the British Homœopathic Society, an interesting and scholarly paper entitled: "Modern Science and Homœopathy," in which we are reminded that in Homœopathy, "We have a cause worth all we can give to it. Wonderful as our results may be, we must all feel how much better they might be with more certain knowledge. Homœopathy leads to the development of the highest and best qualities in human nature, because it gives a great faith in the Unseen. And it is faith in the unseen side of life that is alone the source of all noble qualities."

If Homœopathy means anything to us at the present time, and fulfils the brilliant hopes held up to its faithful followers, no one can fail to be convinced that its field of usefulness must be along the lines suggested by this scholarly essay, and upon such a purely dynamical basis as its author so openly defends. It is gratifying as we study the history of homœopathy, to note that its most faithful defenders were ready to accept certain of its principles wnich did not offer ready explanation in terms of abstract science, upon faith alone. It would therefore seem almost, if not quite sufficient for us today, with all the support science is giving us of the power

and potency of the physically minute, to revive in a large measure a modicum of that faith which so characteristically guided the early followers of Hahnemann.

Surely the older more materialistic theories of general medicine have little by little given way before the advent of the mysterious element radium with all its interesting and startling revelations in the realm of infinitesimals, and the use of attenuated preparations of pathological substances (long known in Homœopathy under the name of nosodes) is steadily convincing the scientific world of the reasonableness of homeopathic theories and of the efficacy of homeopathic practice. The striking results obtained by the use of infinitesimals in medicine, and the subtle and still little understood reactions to psychotherapeutic measures have likewise convinced them of the efficacy of the healing power of nature.

They have thus been able, in spite of the fact that from the overthrow of the Galenic era in medicine, there has avowedly been no recognised law in threapeutics, to formulate anew this ancient theory under the moderm term immunity. Careful study of this theory would suggest that it takes its origin in the older terms of vitalism, long advocated in medicine by Hippocrates, Stahl, and Hahnemann. In fact, some of the most noted advocates of the use of serums and vaccines openly regard it as exemplifying the principle of similarity propounded by Hahnemann.

In medicine as well as in science there have long existed two schools of thought, the vitalistic or spiritualistic and the materialistic or mechanistic. This essay is not a polemic on vitalism ; it assumes at the outset that most faithful investigators of Hahnemann's philosophy must not only have recognised but embraced this conception of life. That Hahnemann and his immediate and remote predecessors were vitalists we cannot doubt, as reference is made by Hippo-

crates to such a principle, for he speaks of "The existence of a spiritual restoring essence or principle, the vis medicatrix naturae, in the management of which the art of the physician consisted."*

The "archaeus" of Paracelsus, the "anima" of Stahl, the "dynamis" of Hahnemann, are all expressive of this self-same vital principle—the principia, or that which is first. Likewise it has been variously spoken of by writers in all ages as, "a vital principle," "a nervous fluid," "dynamic influence," "prâna" "the subconscious or subliminal nature," the "Divine mind," "the innate intelligence," "mind," "the vital or vivific energy" "trophic principle," and "psychoid" or "entelechy," all of which terms refer to the governing inherent vital force.

In the consideration of our subject we shall make reference to what we have chosen to designate as the Dynamic Plane—meaning an intermediate realm between matter and spirit, in which the whole range of actions and reactions take place ; in other words—the field of vital force.

We shall undertake to show that the basis of the curative action of the homœopathic remedy lies within the mechanics of that hitherto little known region now coming to be recognised by scientists and mathematicians under general term the fourth dimension.

In a paper presented at the Thirty-Fifth Annual Meeting of the International Hahnemannian Association ("The Dynamics of Homœopathy ; A possible Explanation of the Action of Infinitesimals upon the Hypothesis of the Fourth Dimension"*), the writer has endeavoured to show that the dynamic properties in medicines are dependent upon two factors which are interrelated, namely : the physical or

* Nature, Hippocrates called t, thus referring to the healing principle.

* Trans., I. H. A. 1914, pp. 180-189.

mechanical action of the drug substance and the vital reaction of the organism. This combined action and reaction constitute dynamic action. Such action is not chemical, physical, or mechanical alone, but the action of drug and reaction of vital force together enter into that complex action spoken of in homeopathy as dynamism. In accordance with this doctrine large doses may act in the organism purely by virtue of their physical or chemical properties (mass), whereas small and the smallest (infinitesimal) doses act through their inherent power (dynamis) in arousing the vital reaction of the organism.

In order to make clear the substance of the present paper, it will be necessary to assume at the outset the hypothetical existence at any rate of a Fourth Dimension of space ; and it will then be necessary to follow the writer a short distance within the borders of that fascinating region now coming to be designated as higher space.

Aside from the various contentions over "Hyper-space," "Non-Euclidean Geometry," "Pan Geometry or Pseudo-Geometry," with which theorists have been concerned, there still remain a vast number of mathematicians who no longer deny but assume the possible existence of space of more than three dimensions.

And while, as a writer in "The Monist" (Vol. XVIII No. 3, p. 471) expresses it : "The several conceptions of space of more than three dimensions are of a purely abstract nature, yet they are by no means vague, but definitely determined by the conditions of their construction. Therefore we can determine their abstract thought and the very details with perfect exactness and formulate in abstract thought the laws of four, five, six, and N-dimensional space."

Lines can be conceived of as being the extension of points moving in one dimensional direction ; surfaces as the exten-

sion in two-dimensions of lines moving at right angles to themselves ; solids as the extension on three dimensions of surfaces extended at right angles to themselves ; and finally hypothetical figures, coming to be designated as hypersolids, as the extension of solids at right angles to themselves in an unknown direction—the Fourth Dimension.

The above writer reasons that as three-dimensional space only can be represented in our world of three dimensions by lines drawn on a plane surface (as a cube drawn on paper) ; by analogy he constructs with the aid of reflected mirror images the corresponding indication of space of the fourth dimension.

"The realm of thought is wide," he says, "and so nothing will prevent us from making any imaginary construction of four-dimensional bodies, and the strange thing about it is that though we cannot picture it as a sense-perceptible form, we can determine the laws of four-dimensional bodies with absolute exactness." Nor is it difficult for the author to conceive of "a whole labyrinth of spaces that exist within each other without interfering with one another. Thus the power of the mind to raise any number to its second, third, fourth, or *N*th power ; or to construct imaginary or actual figures (cubes), representing their equivalents. (Vide correspondence in the Forum, for August, 1914, on the Fourth Dimension.)

And finally he concludes : "If we were four-dimensional beings we would be possessed of the mirror eye which in every direction could look straightway into every corner of the third dimension. This seems incredible, but it cannot be denied that tridimensional space lies open to an inspection from the domain of the fourth dimension, just as every point of a Euclidean plane is open to inspection from above to tridimensional vision."

If the use of the term Fourth Dimension seems awkward, confusing and obscure in mathematics, or more particularly as applied to the dynamics of Homeopathy, is it any less vague and inadequate than the term infinitesimal so long used to indicate the almost incalculable quantity of drug substance used in homeopathic attenuations? Is not this term itself analogous to the "vanishing point" of mathematics, which fades or diminishes to zero; but not to zero absolute?

By definition that which is infinitesimal is said to be infinitely or indefinitely small; less than any assignable quantity. In mathematics the term is applied to "a fictitious quantity, so small that by successive additions to itself no sensible quantity could ever be generated."

Thus we see that, even when applied to the Homeopathic attenuations this definition is not wholly without fault.

"It is assumed that all the mathematical operations can be performed on these quantities—any infinitesimal may be assumed as a base or standard with which the magnitudes of the others are estimated. Every power of an infinitesimal is infinitely smaller than any inferior power of the same infinitesimal. The base itself is said to be of the first order, its square of the second order, its cube of the third order, etc."

It should likewise be noted that by processes of mathematics we readily pass from the third order to the fourth, and so on, just as we may imagine ourselves to pass from the third dimension to the fourth; from the fourth to the fifth, and so on, *ad infinitum* amid the perplexing maze of the above mentioned author's "labyrinth of spaces." Thus, if we "square" 2 we get 4, if we raise it to the third power, or "cube" it we get 8; the fourth power would accordingly be $2 \times 2 \times 2 \times 2 = 16$.

The above reasoning would naturally lead us to infer that

such processes, which are logically postulated by the human mind, may depend for their real existence upon the very power of the mind itself. Granting that this is true the reality of the fourth dimension or of higher space is not invalidated, for what is more real than the powers of the mind ?

Let us inquire a little more fully into the meaning of the Fourth Dimension. The late G. H. Hinton has told us in his volume on the "Fourth Dimension," that if we proceed in the direction of the fine and finest subdivisions of matter, we shall come finally to a form of matter possessing freedom of motion in four dimensions.

"This form of matter," he tells us he would speak of as "Fourth Dimension ether," and attribute to it properties approximating to those of a perfect liquid . . ."

". . . Thus on the hypothesis of a fourth dimension, the rotation of the fluid ether would give the phenomena of an electric current. We must suppose the ether to be full of movement, for the more we examine into the conditions which prevail in the obscurity of the minute, the more we find that an unceasing and perpetual motion reigns. Thus we may say that the conception of the Fourth Dimension means that there must be a phenomenon which represents the characteristics of electricity. These processes, which really lie at the base of all phenomena of matter escape our observation by their minuteness, but reveal to our intellect an amplitude of motion surpassing any that we can see."

Among the examples of supposed four-dimensional motion are generally mentioned : right and left symmetry, double rotation, changes from right-handed polarisation to left-hand polarisation of ligh and vice versa. Again the principle known in chemistry as Isomerism, of which Hinton states (Harper's Magazine, July, 1904. p. 232) :

"If it became necessary to assume the existence of five atoms at equal distances from one another in a molecule, there would be evidence of a fourth dimension."

"It is suggested," writes Prof. H. P. Manning, in his volume, entitled, 'The Fourth Dimension Simply Explained,' in speaking of the changes in rotation of the beam of polarised light in passing through starches and sugars, like dextrose and levulose, chemical substances in which chemical constitutions are exactly the same, "That their contracted properties are due to right and left reversal of their atoms, a (four) dimensional movement in the minute particles of which they are built up."

He likewise tells us that :

"Certain snails, exactly alike in all other characters, have a like difference ; some are coiled to the right, others to the left. It is remarkable that their juices have a corresponding property of rotating a polarised beam to right or left. This suggests that their external form is an expression of internal difference, a right or left twist of their atoms, by a four-dimensional force."

The philosophic mind is ever pondering over the problem of just what in primary nature and what is secondary or consequential.

Dr. Hering, whose theory of primary and secondary actions, and whose views upon the polarity of medicines is comparatively well known in Homeopathy, states in his essay on "The Rule of Sides" (Vol. I., *Hahnemannian Monthly*) that at a meeting of natural philosophers of Germany, in Dresden, in 1826, a paper was read from a traveller in Brazil, regarding the turning of some plants in a spiral to the right or to the left. Whereupon Prof. Oken, the founder of the society, was called upon to explain the matter, and said :

"Gentlemen, right and left in nature is one of the greatest mysteries. I know nothing about it."

Dr. Hering then goes on to state his discovery during his explorations in South America, that :

"All lightning moves not in zig-zag line, but always in a spiral ; and not only that, but also in a spiral which turns to the right."

From this he reasoned that the motion of all positive electricity was in this direction, and this would explain the turning to the right of the embryo of the snail swimming free in the egg ; it being a positive body, because it receives the negative oxygen in breathing. He also supposed that this might lead to the finding of a reason why all the planets turn to the right.

His theory regarding medicines was that of the action of alkalies from above downward and acids from below upward, and that alkalies move from right to left (being positive), and acids in the opposite direction (being negative). He agrees with Hahnemann as to the proper direction of symptoms during cure, but urges that in addition to Hahnemann's Three Rules, there be added another regarding the direction of symptoms and the effects of medicines from right to left, from left to right, and those which are found to act in both directions.*

This survey of right and left twists is brought forward to emphasise the fact that apparently simple phenomena in nature are often but little understood. The principle of right and left sides manifests itself throughout nature. For instance, certain children supposedly due to definite factors of environment, are found to be left-handed, others right-handed, and still others ambidextrous. How shall we account for this fact fully ? Physiologists tell us that in the case of left-handed persons, the cells of the Rolandic area of the

* Study also Grauvogl's classification of Remedies for the Bodily Constitutions (*Text Book of Homœopathy*, Part. II., 308, pp. 281-287).

right side are found to be more particularly developed. In the case of complete aphasia, with destruction of the cells of Broca's convolution, which is situated normally in the left brain, upon recovery, a new speech-centre, as it were, is found to be developed in a corresponding part of the right brain. (For further study of this interesting subject, *vide* Thomson, "Brain and personality.")* Among some of the most interesting phenomena suggested by this rule of sides may be mentioned the supposed alternation of sides in ovulation; variations in fœtal attachment in utero; likewise intra-uterine position and obstetric presentation. The various dynamic and static problems of obstetrics and general medicine; the reasons why certain disorders attack certain parts of the organism, and not others; why certain remedies act only on right or left sides of the body; why pre-natal and hereditary influences are transmitted with such seeming uniformity from one generation to another; the powerful influence of the material mind in its effect upon the body of the unborn offspring; all these and many more such intricate and delicate problems present themselves to the enquiring mind as representing the operations of the dynamic forces of the organism. Are not many of these subtle problems

* Abrams states (*New Concepts in Diagnosis and Treatment*, pp. 233-234 (Psilopolis Press, San Francisco, Cal., 1916): "With the brain at rest energy is discharged (to evoke a visceral reflex) from the left phycho-motor area in the male and from the right psychomotor area in the female. In the average thinker while engaged in increased mental activity, there is only an increased potentiality of energy. . . . In the great thinker, there is an energy discharged of great potentiality *from both psychomotor regions.*"

This "Bicerebration," to use the terminology of Abrams, is suggested to confirm the hypothesis of Herbert Spencer "that in good thinkers the two sides of the brain were probably together much more than in ordinary people. This, as his commentator affirms, may be proved to be true not only in regard to thinking, but in understanding" (*Ibid* p. 233).

dependent upon the existence of a motion or force, at all events an immaterial something—a nonentity—manifesting itself in an extra-spacial direction? How explain these phenomena upon the basis of known three-dimensional motion, except there be some intermediary plane upon which the higher powers] of mind and soul can act and ultimate themselves?

Would not such a realm represent the extention of three-dimensional movements, in a direction added to length, breadth and thickness?

In postulating a vitalistic theory as the basis of homeopathy, we must first of all recognise the spiritual origin of all life, and assume the laws of nature exist and continue to exist from that which has come before. In other words, we must assume that the ever sentient condition we call life was brought into existence or created by some antecedent Principle. To this principle may be given a variety of different names; yet, however we designate it, we shall be face to face with the fact that back of our life forces, there is an over-ruling, self-governing, controlling principle or force that has set in motion world, planet, star, constellation, sphere, molecule, atom, ion, electron; from the greatest to the smallest, from the non-sentient to the sentient, from the inanimate to the animate; from matter to mind, from soul to spirit throughout the universe. That is to say, all animate or inanimate objects possessing form and the attributes of life (whether manifesting itself as growth by accretion, locomotion, or simply motion of atomic or molecular substance, or interatomic motion); all is life—a manifestation of some form of force or motion which can for present purposes be called the vital principle.

To the vitalistic of dynamic philosophy of Hahnemann, this force seems the controlling and governing principle in

the human organism, dwelling within and animating each atom, each cell, each organ; guarding it in sickness and preserving it in health.

So well grounded was this belief in the all-pervading *Dynamis* or vital force, that it permeates all of Hahnemann's writings, and was the inspiration for the development of the theory and practice of Homeopathy. Taking, therefore this hypothesis of the vital force, together with the older belief in the healing power of nature (*vis Medicatrix*), we shall endeavour to reconcile this vitalistic teaching with the theories of modern vitalism, and for this purpose, we are to assume the existence of a supreme higher space, and we shall conceive of it as the realm of the all-pervading Spirit, which interpenetrates matter in all its forms and manifestations. The intelligent homeopath is, we assume, at the outset, well versed in Hahnemann's conception of the vital force.

Secs. 9-16 of the "Organon" make clear the manner in which disease expresses itself to the intelligent mind of the physician, by subjective and objective signs and symptoms. He furthermore emphasises the unity of the material organism and the vital force which animates it, and states that disease can originate only through disturbances in this vital force, and that the curative agents to be employed must likewise be dynamical (Sec. 21).

It is only upon the plane of the vital force that dynamical agents can act, and it is only by the process of attenuation or potentisation that these dynamical qualities can be released for therapeutic purposes.

This dynamic plane, then, must represent a field of force, of high or low vibration (and all matter is now coming to be regarded as different rates or modes of motion). Call it material force, or immaterial force, it can but indicate an

infinity of vibration from the coarsest to the finest, from the lowest to the highest.

If we take the view that force or energy is the result of, or a property of matter, we must concede that this conception is rather materialistic; whereas, if we look upon matter as a state of force, probably of low enough vibration to allow solidification, density, adhesion, etc. (known properties of matter), have we not a saner hypothesis upon which to account for the universe? Does the apparent interchangeableness of the electric current indicate a freedom of motion in more than three dimensions? Hinton tells us that:

"On the assumption of a fourth-dimensional movement in the region of the minute particles of matter, we should expect to find a motion analogous to electricity." . . . "Electricity does not flow through wire. It effects travel both ways from the starting point along the wire. The spark which shows its passing midway in its circuit, is later than that which occurs at points near its starting point on either side of it. Moreover it is known that the action of the current is not in the wire. It is in the region enclosed by the wire; this is the field of force: the locus of the exhibition of the effects of the current. . . ."

"If matter in its small particles is fourth-dimensional, we should expect this double rotation to be a universal characteristic of the atoms and molecules. . . . We have in the corpuscles of matter a whole world of movement, which we can never study directly, but only by means of inference."

The comprehension of the unknown must first of all be acquired by the power of reasoning from the known. Thus we shall be able to arrive at the threshold of a consciousness that, instead of merely three-dimensional space cognisant to the physical senses, we are penetrated and interpenetrated by many invisible spaces and dimensions. We may assume

them that man is not one-dimensional, two-dimensional, or three-dimensional alone, but poly-dimensional. Becoming conscious of this many-dimensional space, he perceives in the great Over-space, or space of higher dimensions, the realm of the all-pervading Spirit, which interpenetrates all the kingdoms of Nature.

Hinton further tells us that—"As we study matter closer and closer, we shall find that we need more and more dimensions. And the molecular forces in one kind of space will be the physical forces of the next higher.

That is to say, when in our space we have explained all that we can explain by the supposition of particles moving in our space, we shall find that there is a residuum and this residuum will be explained by the four-dimensional movements of the finest particles. The large movements are simply movements in three dimensional space, but to explain the residual phenomena a higher kind of space will be requisite."

In consideration of our subject we have quoted only such facts as have to do with the *Fourth Dimension*, from the standpoint of the physicist, and the chemist. In order to make clear our standpoint that it is in this great field of extra-mechanical or extraspatial motion that the homeopathically attenuated remedy acts—that is in the realm of the minute or infinitesimal. In other words, the realm of the infinitely divisible, or fourth-dimensional force, which by inference we may assume is the field of the vital force. All matter then must be subject to the same law, namely that the finer it is divided and subdivided, higher and more subtle forces are released through the process of potentisation. It is not that the crude drug does not contain these forces, but they exist only in the potential, until the crude coarser envelopes are destroyed, and the inner,

finer essences are released. In short the drug substance is raised by successive steps in the scale of potentisation, to a state of vibration whereby it may become a more potent factor in the establishment of a vital equilibrium when administered in disease. It hardly becomes necessary to repeat that the most recent research in the realm of the indivisible only substantiates the theory of infinite divisibility of matter propounded by Hahnemann a century ago. These facts regarding Hahnemann's original discovery of the method of potentising medicines should become more widely known and be granted the scientific recognition which they deserve.

We might find it not only of interest but of profit to study this subject from its mathematical, geometric, and possibly from its metaphysical aspects, yet for the present we must content ourselves with this brief introduction to its bearing upon the theory of infinitesimals.

Homeopathy stands to-day at a point in its history where the trend of all the physical sciences seems to be advancing along similar ways. It looks backward to its dim beginnings in the past, to a future bright with promise. Its ultimate triumph is assured, for its philosophy is founded upon indisputable facts, its art upon unalterable law.

—*The Homeopathic World.*

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"The knowledge of disease, the knowledge of remedies and the knowledge of their employment constitute medicine."

—HAHNEMANN.

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IS IT HOMEOPATHY?

An eminent English physician of this city in government employment once remarked after observing a wonderful cure by our medicine in the case of a patient living next door to his house :—Is it Homeopathy? This was a case of apoplectic attack with subsequent aphasia and general paralysis with sinking of the patient's vital forces. He was treating the case from the beginning and gave him up as hopeless. He said that the patient could not live more than twelve hours. We undertook the treatment, plainly saying to the relatives of the patient, that this was a very serious case and we could only try our medicines for him. I gave him the medicine and the said doctor who lived next door to the patient watched the case.

The patient was improving gradually and in the course of a month he was cured. We met the doctor in the course of our treatment and he frankly acknow-

ledged the effect of our medicine. To our mind it was a wonderful cure.

After a few days we got a letter from the said doctor who asked me to lend him a book explaining the principles of Homeopathy. He wrote to me to say that he wanted to know something about our system of medicine. I lent him a book and after keeping it for a fortnight he sent it back with the remark that there were many things new in this book which he did not know before. But these require experiment, he said and as he was in Government service he could not get an opportunity to do it at present. He had a mind to try it after his retirement. He is still in service and cannot get that opportunity. Strange to say that after thanking me for lending him the book, he wrote to me "Is it Homeopathy that cures?"

There is another instance. A prominent eye specialist (allopath) of this city had a very obstinate case of granular lids in a scrofulous youngman. The doctor said to the patient that he required prolonged treatment and perfect rest of his eyes. He gave him a sick certificate for six months and began treatment. After sometime the patient became restless and came to our hands. After six weeks' homeopathic treatment he was cured. He went to that eye specialist to grant him a certificate to join his post. The doctor said 'are you cured?' After seeing the eyes the doctor said you are too fortunate that you are cured so soon. The patient frankly stated that he was under homeopathic treatment that cured him so soon. The doctor

remarked 'Is it Homeopathy that cures ?' He asked what medicine was given to him and the patient said some powders were given to him to swallow and no application of any kind.

Another case again in which the allopathic doctor said 'Is it Homeopathy that cures ?' It was a case of an elderly lady with a big abdominal tumor. It was a fibroid growth and the allopathic surgeons were called to operate. Our friend was one of them and he was related to the patient's family. But the lady obstinately refused to submit to an operation. She said she would take homeopathic medicine until her death. She was a widow and mother of many children. We undertook the treatment and my friend the doctor watched the case. He was a class friend of mine in the Calcutta Medical College. Naturally he heaped upon me lots of abuses and sarcastic remarks regarding our medicine. At last after a tedious treatment the lady was perfectly cured, no vestige of the tumor was left. After an exploration our doctor said where did it go. Was it Homeopathy that cured ?

It is strange about the behaviours of these allopathic doctors. A few days ago a relative of the said doctor, a young lady, got uterine fibroid. The doctor wanted to operate but the lady said she would try our homeopathic treatment. The doctor said to the patient that tumors could not be cured by medicine without operation. She is still under our treatment for about a month and with some benefit about her general health and the tumor has softened and is much reduced in size.

We can multiply cases like this but it is not needed. Homeopathy gains laurels when cases are given up by the allopaths as incurable or hopeless. There is another case and we have done.

A young man about 22 years old in a very rich and enlightened family, had an attack of fever, diagnosed by the allopathic family physician and an experienced consulting European physician as of a typhoid nature and was under their treatment for a week. The case went on from bad to worse every day and on the 9th or 10th day, was declared by them as hopeless. I was called and feared the patient was in great danger. The attending physician was coming out of the room and I met him on the veranda. He told me distinctly what is the use of your going to the patient as he is dying—gasping for breath. However I stepped into the room and found it was actually a grave case. There was no pulse and breathing embarassed. Delirium was of great intensity. However I began treatment by giving some globules from my medicine case on his tongue and watched. In an hour his body became warmer and tranquil breathing set in. However I waited in the house for three hours and at the end of that time, the patient seemed to be improving. I did not repeat the medicine and came away keeping some placebo in a glass to be repeated every two hours with a promise that I would visit him again in the evening. I returned and saw great improvement in the patient's condition.

To make my narrative short, I say that the patient

got a complete recovery in a week's time. The members of the house were charmed with the efficacy of homeopathic medicine in this case. They told their family physician what a wonder was performed by the homeopathic doctor. Their family physician without any hesitation said that it was not the effect of the homeopathic medicine but nature cured the case. He said further that they gave large and frequent doses of medicine (allopathic) and by stopping them, the case got well.

Is it Homeopathy that cures or simply unaided nature? The people cannot be fooled in this way; for ever since that marvellous cure in that house, the family had been converted to homeopathic treatment.

P. C. M.

HICCOUGH.

Normally the opening of the glottis synchronises with the contraction of the diaphragm and consequently there is no hinderance to the free entry of air.

Hiccough is caused by spasm of the diaphragm which occurs at irregular intervals and sometimes at the moment of closure of the glottic apperture and after sudden closure of valves a characteristic cough is then heard. The important causes of hiccough are ;—(1) Local or peripheral, (2) General or central. Among central causes the main cause is toximic

condition i. e. the poison in circulary system which stimulates the respiratory centres and also uremia. Among local or peripheral the chief cause is irritation as (1) stimulation of phrenic nerve by gastric flatulent distention or irritation after bath (2) irritation of peritonium as in peritonitis.

Dyspepsia also plays an important part in its causation.

Hiccough may also occur as a symptom of hysteria, of cerebral tumour and meningitis.

Prognosis is bad. The patient dies if he is not properly treated in time.

TREATMENT.

Necessary treatment—The simplest form of treatment is sipping water and holding breath. Anything which gives rise to a feeling of suffocation may cause a contraction of diaphragm, and so stop the spasm. For this reason taking snuff sometimes gives a good result. Pinching of lobe of ear, forcible pulling forward the tongue, pressure on the vagus nerve in the neck and the abdomen may be bound with a tight bandge. From this we are often successful.

Some old school men say that hiccough is readily cured with bicarbonate of soda and piperment. But if these measures do not suffice, and no causal condition can be found and hiccough cotinues to be severe, one may give sedative drug by mouth or if necessary by the rectum. The Bromide and Tinct. Opium or 10 gr. of Apomorphia subcutaneously are successful (Savill).

Now we shall deal with our science where there is no subcutaneous or rectal injection which sometimes gives so much trouble to patients, but there is the true universal law of Hahnemann, the Similia Similibus curantur.

MEDICINAL TREATMENT.

The following medicines are very useful in hiccough:

Carbo veg—Frequent, aggravated in the morning or from slighest cause. Excessive flatulence.

China—In this hiccough predominates with sour belching.

Cuprum met—Hiccough is present with spasmodic contraction of diaphragm.

Nux vom—hiccough is sometimes very distressing. It is very good, when it is due to ice water.

Cicuta virosa—Loud-sounding—accompanied with nausea, morning when eating.

Hyoscyamus—violent hiccough at midnight with involuntary micturition and frothing at the mouth. Constipation, excessive long continued hiccugh after dinner. Frequent hiccugh with cramps and rumbling in the abdomen—heart-burn, thrist from dryness of the throat. Long lasting eructation with inclination to vomit. Also think of Bell, Cina, Ignatia.

Ajit Kumar Mittra,
3rd Year Class,
Calcutta School of Homeopathy.

TONSILITIS.

It means inflammation of glands of the throat situated one on either side of the uvula. It may be acute or chronic—acute is nothing but simple inflammation of the tonsils and chronic is the result of repeated attacks of inflammation of the said gland, but in some cases enlargement of tonsils may be congenital.

Some say that it is due to cold and insanitary surroundings while others say that owing to its peculiar structure it can be easily attacked by micro-organisms and this invasion causes inflammation. In some cases inflammation is superficial in character and is known as catarrhal or lacunar while in other cases it extends to the deeper tissues of tonsils called parenchymatous tosilitis. This affection occurs in children and among young persons and especially in those who have got a scrofulous taint. This enlargement of tonsils is more common in cold than in tropical climates.

Symptoms are :—

Tonsils become hardened and enlarged, pain and difficulty in diglutition, yet there is constant desire to swallow but swallowing is painful. Saliva accumulates, there is anorexia, and constipation. Tongue is furred. Some degree of deafness or buzzing noise in the ear may be present. Urine is scanty, high coloured and contains albumen. There is difficulty in opening the mouth owing to the enlargement of the glands of the neck and hence difficulty in speaking and so the speech becomes nasal twang.

On examination the uvula and soft palate are seen red, tonsils swollen and are seen covered with mucus or muco-pus. In some cases it suppurates giving rise to tonsilitis or para-tonsillar abscess. Tonsilitis may be mistaken for diphtheria and *vice versa*, but a careful examination will settle the question.

Difference between Tonsilitis and Diphtheria.

Tonsilitis.	Diphtheria.
1. Numerous yellowish, white spots are seen scattered here and there over the tonsils. The spots are separated and are not confluent but sometimes may enlarge and join.	1. The false membrane forms in, and is not only limited to the tonsils, but extends to the surrounding tissues.
2. Not so in tonsilitis.	2. Diphtheritic membrane is more adherent and if it is pulled, a bleeding surface will be seen.
	3. Early appearance of albumen in urine with the enlargement of the lymphatic glands of neck, is in favour of diphtheria and with this there is marked prostration and weakness.
	4. It can be diagnosed finally by cultural method.

Treatment.—Apart from medicine treatment

consists, in avoiding cold ; diet should be simple and at the same time nutritious ; simple out-door-exercise ; a cold bath may be allowed in certain cases.

Old school men advice for excision, when it has so much enlarged as to cause uneasiness, or when the attacks of tonsilitis are frequent, but if treated by skilled homeopathic physicians, most of the cases recover and so very few cases are left for the surgeons. The most essential medicines for the treatment of this affection are :—

Aconite nap ; Belladonna ; Baryta carb ; Calcarea carb ; Hepar sulph ; Iodium ; Lycopodium ; Lac caninum ; Mercurius sol ; Phytolacca ; Silicea ; Psorinum.

(To be continued.)

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THE VALUE OF PATHOLOGY IN THE DIAGNOSIS OF EARLY PULMONARY TUBERCULOSIS.*

By EDWARD BACH, M.B., B.S. LOND.

MR. PRESIDENT, GENTLEMEN,—The subject which you have asked me to give you a few details of is perhaps one of the most unsatisfactory from the pathologist's point of view : for the following reasons, that the certain diagnosis of pulmonary tuberculosis depends upon the recognition of

* A Paper read to the British Homœopathic Congress at Hastings, September 23, 1921.

the tubercle bacillus which in those early cases that are the interest of the present meeting is so frequently impossible.

In so many diseases the laboratory is able to demonstrate the specific organism : or has tests such as the complement-fixation or agglutination methods or a combination of these which from almost the onset of the disease, are unfailing in their value and certainty of diagnosis.

In early tuberculosis, when the specific organism cannot be found, all other tests fail to be absolute because, although there are several tests of definite proof of infection by the tubercle bacillus, they do not sufficiently distinguish between active disease and old cured lesions.

There is little difficulty in stating whether or no an individual has been or is infected with the tubercle bacilli, but that is not sufficient : the matter of importance is whether it is a case of old, or existing active disease.

The tests do not easily distinguish between these two types, and thus the difficulty will be recognized, when roughly speaking over 90 per cent. of all persons living in cities give positive tests as early as the age of 10 years : yet of course the great majority have never showed clinical signs of tuberculosis.

Negative results in such tests in adults are almost certain proof of the absence of disease, but such individuals are so rare—that is to say, individuals who have not at some time or other of their life had slight disease—that the smallness of their numbers does not often assist, especially as they are very seldom included in that class whose condition gives rise to suspicions of early consumption.

The point to bear in mind is that the very great majority of adults give positive results to the tubercular tests ; it is more a question of finding if by the degree of that positiveness any useful help may be obtained.

To take the tests in detail.

THE TUBERCULIN TESTS.

Of these there are several varieties, of which I will mention :—

(1) The Cutaneous.

(2) The Conjunctival.

(3) The Subcutaneous.

The cutaneous is very sensitive and almost all adults respond : efforts have been made to ascertain the minimum dose to cause a response, and thus measure the sensitiveness of the patient, this being more so in active than old or latent disease.

The conjunctival is not so sensitive and whilst it gives response to cases of definite active disease, it may fail to be positive in very early cases.

The subcutaneous, which consists of introducing tuberculin with a hypodermic syringe, is perhaps the most satisfactory, from the diagnostic point of view : because if a general reaction—fever and malaise, together with a focal reaction, that is, increase of symptoms and signs at the suspected point of disease, occur, it is very strong evidence of active disease.

This test is strongly contra-indicated if fever or severe illness be present and is not entirely without risk.

All these tests are only of value in the hands of experts in this class of work, and left to an amateur may be dangerous.

The tuberculin tests, though specific for infection with the tubercle bacillus, only in the hands of the most experienced, and not always then, will differentiate between old cured infecton and active disease : naturally it is only the observer who has had prolonged experience who can estimate accurately the results obtained.

The two tests which may be considered of definite value are :—

An absent cutaneous (a comparative rarity) when present, is absolute proof of absence of disease. A subcutaneous, giving a general and focal reaction, is strong evidence of active disease.

OPSONIC INDEX.

The opsonic index of normal individuals to the tubercle bacillus is fairly constant : that of those suffering with disease varies considerably.

The test is taken when the patient has been quiet for some time and then an hour after exercise, and again at various times up to twenty-four hours.

In normal individuals there will be little change, the limit keeping between 0·8 and 1·2 ; in tubercular cases the index will swing up or down, a figure definitely above or below the normal limit being strong evidence of active disease. This test again is only of value in the hands of experienced workers.

COMPLEMENT-FIXATION.

This test again is possessed of the same drawbacks as the tuberculin reactions, the difficulty of recognizing between latent and active disease.

Recent workers however are claiming that with special methods more definite results are to be obtained and there is reason to hope it may, when more elaborated, prove to be of definite value.

TUBERCLE BACILLI IN THE BLOOD.

It was demonstrated in 1908, and confirmed by several observers since, that tubercle bacilli occur in the blood in active disease.

Such, of course, is absolute proof of infection ; however, it is in advanced cases that most easily the bacilli may be

demonstrated and it is very doubtful if this test is of any value in early lesions.

CELLS IN SPUTUM.

It has been noted that the sputa of early tubercular cases contain mostly mononuclear cells whilst that of other infections is more apt to be of the polymorphonuclear variety.

A sputum containing few organisms and with mononuclear cells is certainly suggestive of tubercular infection.

In examining sputa for the tubercle bacilli, it is not infrequent to find definite evidence of other infections which closely simulate the disease under discussion from a clinical point of view. Amongst the more common of such organisms is the streptothrix, which can usually readily be detected by staining or culture.

Such cases from a pathologist's point of view frequently respond readily to vaccines, and thus the diagnosis, although clinically impossible from tuberculosis, is important.

In cases where the tubercle bacilli cannot be found by ordinary staining it may be proved to be present by animal inoculation, guinea-pigs developing peritoneal disease if inoculated with sputa containing very small numbers of the bacillus.

BLOOD COUNT.

In early tuberculosis the blood count is often decidedly suggestive; generally speaking, there is a definite anæmia of the secondary type, with an excess of lymphocytes.

The relative increase of the mononuclear cells is often more marked when tuberculosis is present than in other conditions of debility which may simulate that disease.

IN INFANCY.

The preceding remarks apply to the adult; in the patient of a few months or even years, a totally different

state of affairs exists, because at early ages the latent and cured disease is obviously less likely, and the number of negative results, if a large number of tests be made, is enormously greater. Thus, if tuberculosis is suspected and is confirmed by any of the tubercular tests it is certain diagnosis of active disease.

TO SUMMARIZE.

A negative tuberculin cutaneous reaction is parctically certain proof of absence of any infection, old or recent, and is a harmless test.

Unfortunately it is but rarely obtained in adults, since the great majority have at some time been infected, and the test registers cured, as well as active, disease.

A subcutaneous tuberculin test giving a general and also a focal reaction (that is, increase of signs and symptoms at the site of suspected disease) is practically certain proof of active tuberculosis.

The test is contra-indicated in all febrile cases, and in patients who are seriously debilitated, and is only safe in expert hands.

The tuberculin tests where quantitative measures are employed, also the complement-fixation test and opsonic index valuation, will in expert hands yield suggestive evidence as to presence or absence of active disease.

If tubercle bacili can be found in the blood, it is sure evidence of infection, apparently somewhat easily accomplished in advanced cases, but with difficulty and only occasionally in early cases.

The blood count may strongly suggest tuberculosis if the lymphocytes are definitely above the normal, usually seen in secondary anæmias.

The examination of the sputum may suggest by the type of cells found the presence or absence of the disease,

and in some cases may demonstrate one of those organisms which can produce a condition clinically indistinguishable from tuberculosis and thus establish a negative alternative diagnosis.

I must apologize on behalf of pathologists in general that I cannot give you a simple test for the proof of early infection; the whole difficulty lies in the wholesale contamination of the human subject and the difficulty of differentiating between insignificant and important disease.

—*The British Homeopathic Journal.*

KIDNEY DISEASES.

While the mortality rate of most diseases is decreasing, that of the heart, kidneys and nerves, seems to be increasing, to which might also be added, that of Cancer. In 1917 the number of deaths from acute Nephritis and Bright's disease was 80,912, corresponding to a rate of 107.4 per 100.000 population, which is 20.7 per cent higher than the rate for 1900 (89). Of these deaths 6,244 were due to acute Nephritis and 74,668 to Bright's disease, which includes chronic nephritis and nephritis unqualified.

There are a few points in diagnosis in renal troubles that we might mention incidentally which may be of aid in directing attention to some renal lesion.

If the specific gravity of the urine is uniformly around 1020, there is probably no serious kidney trouble. A specific gravity persistently around 1005 is strongly suggestive of Nephritis. A specific gravity of the urine below 1020 usually excludes Diabetes, but not always. A specific gravity around 1040 is almost a positive indication of Diabetes. We believe the exceptions are v^ry rare.

Bloody urine is quite suggestive of renal calculus, or that the stone has descended from the kidney and is producing a

traumatism in the bladder. If the food contains an excessive amount of protein, the frequency of micturition is likely to be very much increased, because the protein after it has once been digested and gotten into the circulation in the form of amino acids—these latter products of protein are used in reconstructing the tissues, but the excess is decomposed into carbon dioxide, ammonia and urea. Urea, it must be remembered, is a powerful diuretic. This accounts for the increased frequency of micturition after a meal composed very largely of proteins, especially beefsteak.

In his work on Medical Diagnosis, Charles Lyman Greene M. D., says:

UREMIA—Any form of Bright's disease may be associated with symptoms grouped under the head of "Uremia." The exact cause of this condition is still unknown, but its occurrence apparently depends upon the retention of certain products of retrograde metabolism distinctly toxic in their nature, and perhaps, of certain toxic substances (nephrolysins) associated with the progressive destruction of renal tissue.

Deficient excretion.—It is a well-known fact that no living organism can resist the poisonous effect of its own retained waste products. In the elimination of these substances the kidney plays the chief part and in almost all cases of uremia the phenomena of relative, or even absolute temporary renal insufficiency, are evident.

The onset of uremia is attended not only by a diminished excretion of urinary solids in general, but of urea nitrogen itself, and the molecular concentration of the blood is correspondingly increased, as has been shown by the demonstration of a lowering of the freezing point of the serum.

It must be remembered, however, that during an established seizure, and its subsidence, these conditions may be reversed.

Symptomatic Expression.—The symptoms of uremia are made manifest chiefly through the nervous system, although the gastro-intestinal and respiratory tracts are almost invariably involved in the severer forms.

No concrete picture is presented in this curious toxemic state, the symptoms being irregular and inconstant in appearance, grouping and duration. Single symptoms of every grade of intensity may be the only signs, apart from the condition of the urine, which seldom fails to show a diminished excretion of solids.

Nervous Symptoms of Uremia.—Almost every disease of the nervous system may he simulated by uremia, but the cerebral symptoms are the most interesting and important.

Headache, drowsiness, stupor or coma may be found alone or in transition stages. There may be slight twitching or the more terrible convulsive seizures closely simulating epilepsy, while violent outbreaks of acute mania, profound melancholia, or the so-called delusional insanity of Bright's disease such as occur in certain cases may easily lead to serious error in diagnosis or even to the committal of such patients to an asylum for the insane.

Sensory Symptoms.—Various disturbances of general sensation may be encountered, such as itching, anesthesia, hyperesthesia, formication, and abnormal response to heat and cold.

Vertigo is often a prominent feature and is usually associated with periods of high arterial tension or its opposite, marked circulatory depression, diminution of total solids or the predominance of the dyspeptic symptoms, often so prominent a feature in chronic renal disease.

Motor and Special-sense Symptoms.—The most remarkable symptoms of uremia are those extraordinary attacks of transient paraplegia or hemiplegia simulating true apoplexy,

and the disturbances of the special senses resulting in tinnitus aurium deafness, or sudden temporary blindness (uremic amaurosis).

Various more serious eye symptoms may co-exist with uremia and the diagnosis of chronic interstitial nephritis is often first made by the oculist, who discovers evidence of a neuro-retinitis of the albuminuric type. Uremic amaurosis usually lasts but one or two days and ordinarily follows some profound manifestation of uremia, such as coma or convulsions.

Cases presenting marked symptoms of actual albuminuric neuro-retinitis seldom live longer than one year.

Respiratory Symptoms.—Cases of chronic nephritis are often peculiarly subject to inflammation of the pulmonary structures, but aside from these, we have curious disturbances of respiratory rhythm.

Uremic dyspnea may be continuous, paroxysmal, alternating, or Cheyne-Stokes.

The paroxysmal type is often mistaken for true asthma, the mode and time of onset being precisely the same.

Continuous dyspnea of uremic origin is not uncommon, and medical literature furnishes many evidences of the ambulatory Cheyne-Stokes Type.

Gastro-intestinal Symptoms.—These so closely simulate various independent diseases as to render diagnosis impossible, except by recourse to the urinary examination and particularly the estimation of blood pressure, the urinary solids, and the use of the phenolsulphonephthalein test whenever possible.

As previously stated, these uremic symptoms may be evident in any case of nephritis. They may also be present in minor degrees at least, in the absence of demonstrable nephritis, though many, if not all, of such cases represent

probably an early chronic nephritis. In all observed by the author the functional activity or permeability of the kidney has been temporarily reduced. Its most extreme and *bizarre* manifestations are encountered in chronic interstitial nephritis, or, even more commonly, in chronic parenchymatous nephritis during periods of low urea excretion.

The Onset.—The onset of uremia of the severer types is almost invariably associated with lessened quantity of urine, excessively high arterial tension, and a sharp reduction in total solids and urea, or almost complete impermeability to solids as proven by the phenol-sulphonephthalein and other tests. In the rarest instances decided polyuria precedes the attack.

Uremic Coma.—This may closely simulate that of apoplexy in which condition interstitial nephritis plays so large a part, but is rarely so sudden in on set and is more generally preceded by convulsions, a history of which should be carefully sought. Such cases are the *bete noire* of the hospital physician on account of the difficulties attending "emergency" differentiation.

The following points should be carefully noted: (*a*) Examination of the urine obtained by catheterization is of the first importance, as it may yield evidence of an active or chronic nephritis or show a marked reduction in solids. (*b*) A history of antecedent convulsions or convulsive movements may be obtainable. (*c*) The pupils yield no certain signs. (*d*) Paralyses are rare, though transient hemiplegia is a rare possibility and there may be muscular twitching and rigidity of the extremities if severe convulsions have occurred. (*e*) The temperature may be elevated, but usually it is normal or subnormal. (*f*) Ophthalmoscopic examination may or may not show retinal changes. (*g*) The general aspect of the patient may clearly indicate the existence of renal

disease. (*k*) No absolute dependence can be placed upon the oder of the breath as indicating renal toxemia, yet it is strongly suggestive and helpful.

High Blood Pressure.—High arterial pressure may prove a most valuable and suggestive finding.

LYCOPODIUM

Lycopodium indirectly seems to have an action upon the kidneys. It is conceded by all authorities that this remedy has its chief action upon the digestive system. One of its grand characteristics is incarcerated flatus at the splenic flexure of the large colon. Pain in the region of the spleen is often no more than a flatulent colic,

Fullness and sensation of satiety after eating a few mouthfuls is another very reliable indication. On sitting down to a meal, the patient feels very hungry, but two or three mouthfuls of food satisfies, on account of marked fullness, as if not another bit of food could be taken into the stomach.

A brick dust colored sediment in the urine is another very reliable indication for Lycopodium. Sometimes this pink colored sediment will adhere so tightly to the chamber vessel that it is with difficulty washed away.

Marked aggravation of all symptoms between 4 and 8 P. M., coming on sharply at 4 o'clock, is another very reliable indication for Lycopodium.

Lycopodium is commonly called Club Moss.

In days gone by the only use for Lycopodium was as a dust powder, to provent chafing and as a coating for sticky pills.

The trituration of Lycopodium spores develops some wonderful therapeutic qualities. Some Homeopathic authorities have maintained that the greatest activity of Lycopodium

was found in the higher potencies. Recently we have had fully a score of patients who complained of flatulence that was so greatly relieved by Lycopodium tablets 6X that they have asked for a supply to keep for future emergeneies.

As a remedy for Impotency most Homeopathic authorities rank it very high. It undoubtedly has action upon the genito-urinary system as well as the digestive system.

MERCURIUS CORROSIVUS

Bichloride of Mercury in Homeopathic form, called by Homeopaths Mer. Cor., is a useful remedy in Abluminuria. That toxic doses of Bichloride of Mercury will produce Albuminuria is a well known fact. Many years ago, a young woman came under our care who had taken a vaginal douche, into which she had put several tablets of Bichloride of Mercury. A few hours afterwards her face was quite cyanotic and other symptoms suggestive of the beginning of some contagious disease, but on closer examinaton the temperature was found to be subnormal and later we learned of what she had done. The cervix had a gangrenous appearance; the albumen in the urine was about 90% by volume. Douches of Permanganate of Potash were given and the patient slowly recovered, the amount of albumen gradually decreasing until it finally disappeared.

In Albuminuria of pregnancy we have known two doses of Mer. Cor. 6X to give complete relief, not only of the albuminuria, but some of the other symptoms of toxemia.

One very characteristic symptom calling for Mer. Cor. is severe tenesmus, beginning in the rectum and extending to the bladder or *vice versa*. Boericke's Pocket Manual of Materia Medica gives the following urinary indications for Mer. Cor.—Intense burning in the urethra; urine hot, burning,

scanty or suppressed. Greenish discharge. Albuminous. Tenesmus of bladder. Stabbing pain extending up urethra into bladder. Perspiration after urinating.

BERBERIS VULGARIS

Nash says: "No matter what ails the patient, if he has a persistent pain in the region of the kidneys, do not forget Berberis."

One very characteristic symptom is a *bubbling sensation* in the region of the kidneys. Another is *soreness* in the region of kidneys when jumping out of a wagon or stepping hard downstairs, or from any jarring movement.

"Bruised pain, with stiffness and lameness in the small of the back." "Rises from a seat with difficulty." "Backache, worse when sitting or lying, especially when lying in bed in the morning." Sensation of *numbness, stiffness* and *lameness*, with painful pressure in lumbar and renal regions." These pains sometimes extend all through the hips. One might say all these symptoms are found under *Rhus Tox*, but in the *Berberis* case they all come from or are in connection with kidney or urinary troubles. The pains extend often into the bladder and urethra and the urine itself is changed. It may have a turbid, flocculent, clay-like, copious, mucous sediment or a reddish, mealy sediment, or be blood-red, but *the persistent pains* in the back are the leading indications. There is almost always in the back trouble of *Berberis*, a great deal of prostrations or a sens of weakness across the back, and the face looks pale, earthy complexion, with sunken cheeks and hollow eyes, with blue circles under them. It is especially to be thought of in arthritic and rheumatic affections when these back symptoms connected with urinary alterations, are present.

TEREBINTHINA

"Like Berberis, Terebinthina (Turpentine) has much pain in the back, with kidney and bladder troubles. Painters working under the smell of turpentine are often seriously affected by it. Some are unable to work in it. Turpentine kidney troubles are more apt to have more blood in the urine. The urine becomes brown, black, or *smoky* in appearance from more or less admixture of blood. Terebinth is one of our best anti-hemorrhagic remedies."

It is sometimes indicated where there is inactivity of the kidneys and a toxemia leading to uremic coma.

We recall a number of cases in which coma had supervened, where the kidneys seemed to be at fault, and we have given turpentine in homeopathic doses and were rewarded by the patient's mind clearing up and remaining so several hours or even days before death intervened, and in some cases complete recovery.

One of the chief characteristics for its use is the *smooth, glossy red* tongue ; another is *excessive tympanitis.*

BENZOIC ACID

Nash says : "The grand central characteristic of this remedy is found in the urine, which is scanty, of a *dark brown* color (like French brandy) the urinous odor being highly intensified. This odor comes at the *time of passing* and remains afterward. One need not wait on a long-standing specimen to find it. It is found in connection with rheumatism, quinsy, dropsy, diarrhœa, headache and other diseases. Of course, many other remedies have offensive urine, like Nitric Acid, urine offensive like horse urine, Berberis turbid deposit. Benzoic acid often smells horribly, with no deposit at all. Both are great remedies for arthritic troubles with the urinary symptoms. I have seen wonderful

relief from Benzoic acid in nephritic colic with the characteristic offensive urine.

In dribbling of urine of old men with enlarged prostate it has also done good service. The urine in the clothing scents the whole room.

NOCTURNAL ENURESIS

In June, 1919, a boy was brought to me for Auto-Hemic treatment for Noctural Enuresis, that dated from infancy, It was a rare occurrence to go a night without wetting the bed; perhaps once a month he would skip a night. After the third treatment he began to show a little improvement. Within six months he was skipping two or three nights in two weeks; then he got so he would wet the bed only once or twice in two or three weeks. At the end of eighteen months the bed-wetting occurred only once or twice a month. After two years' treatment it was a very rare occurrence.

This case had been the rounds and had been under the care of a number of physicians but to no avail. We regard this as a good test of the value of Auto-Hemic Therapy in Enuresis. We have had scores of cases of older persons in which frequent nocturnal micturition was relieved after a few treatments. We have in mind one physician 70 years old who was obliged to rise from three to seven times a night. Now he tells us he can go the entire night without being obliged to rise. The value of Auto-Hemic Therapy in cases of irritable bladder from unnatural chemical conditions of the urine seems to be well established.

BLADDER TROUBLE

Some thirty years ago we had a very troublesome case of incontinence of urine in a man about 65. He also had Bright's. His symptoms, from a Homeopathic standpoint,

seemed to call for both Arsenicum and Pulsatilla. After trying many things in vain, we added to one pint of a saturated solution of boric acid, 10 grains of Arsenicum 4X and 10 drops of Pulsatilla 2X and directed two teaspoonfuls every 4 hours. The result was very satisfactory.

We have utilized this prescription in many cases since then in incontinence of urine in old persons. We recall a man about 75 years of age whose clothing was wet day and night on account of inability of the bladder to retain water; in fact, the odor was so offensive he was debarred from close associantion with other members of his family. This same prescription enabled him to go through the entire night and even eat his breakfast before being obliged to evacuate the bladder.

—*The North American Journal of Homeopathy.*

USING CUPRUM IN "FLU," ETC.*

By Royal E. S. Hayes, Waterbury, Conn.

I sometimes think that the romantic description of Kent may be responsible for rather one-sided views of some remedies. His way of making certain features stand out clearly is perhaps unapproachable and the purpose admirable. Nevertheless, medicines have much more in them than is practicable to include in this kind of description. Probably they contain much more than is included in even thorough provings. Therefore the prescriber may expect to occasionally find a workable entity in the patient's symptomatology that does not include the striking features that were so well polished up by Kent. This is especially notable in the symptomatology of epidemics. Probably many Cuprum cases were

* Bureau of Clinical Medicine, I. H. A., 1921.

overlooked in the great epidemic. The writer himself is not without heartfelt regrets.

Waterbury was one of the hardest hit towns in the country. "Black" cases and swift ensuing deaths raged in certain neighbourhoods as if struck by overwhelming fate. Cuprum was the genius of the "Spanish" strain of influenza here and often turned the vitality streaming back where the apparently indicated Bryonia had not availed.

Cuprum was adapted to all kinds of cases. It was the most similar in its occult relation, the most like the epidemic from beginning to end. It caused reaction in nearly all the ordinary conditions within twenty-four hours. overcoming the infection quickly and completely without prolonged convalescence or complications. Most patients who had Cuprum felt better after the attack than for a long time before. Cuprum cured most of those anomalies of mental or nerve function observed, the obscure or localized conditions. It cured the cases which presented shifting sets of symptoms perhaps like Bryonia one day, Lyc. the next, Sul. the next, Hyos the next and so on. It cured practically all of the malignant or fulminating pulmonary œdemata if used before the serious bubbling became extensive. It cured a substantial proportion of the cases which had advanced so far that the bubbling was audible at a distance, if the patient could be watched closely and the remedy manipulated closely. It smoothed out the pains and mental agony of moribund cases and, I believe, prevented or modified the terminal convulsion which may occur in these sudden and shocking cases.

Those cases which after a day or two develop the rhoncus, sink and rattle their way out of the world in two or three days, or those who go along the usual course a few days, then suddenly develop thoracic œdema and call the attendant to a halt if he is conscientious, to do some personal and

individual thinking. You might as well leave your "personality" at home when you go to such a case. The wonderful powers of suggestion which the regulars suppose we possess will have a rather cloudy background of success if we do not have the courage to apply the principles of selection and repetition to these cases, and stick to it. The patient must have the correct remedy in suitable potency and it must be manipulated accurately besides.

A word about potency in these cases. The 1 m. was futile in my hands, the 10 m. not dependable ; the 40 m. and cm. in single doses, used on demand, did wonderful work.

The writer lost two malignant cases right at the start of the epidemic and had a third going, which necessitated a halt in the rush to find out why men in the prime of vitality should go down almost as if struck by lightning without response to his efforts. The first case was known to be a Cuprum case—after the patient was dead. The second case got Cuprum in time to palliate the wild delirium, casusing sleep after each rather frequent dose, but not in time to cure. The first case was so typical and inclusive not only of the entirety of the *genus epidemicus* but also of Cuprum that its course and symptomology deserves description.

October 10. Mr. D., aged 50, short, fleshy, dark-skinned and dark-eyed, the old-styled lymphatic temperament. This is the type which succumbs quickest to malignant influenza. Had been ill two days when first seen. Besides extensive areas of pulmonary consolidation he presented the usual symptoms of the epidemic. Frontal headache, muscular pains, prostration, mental dullness, painful cough, dizziness when rising, chilliness, sweat. All these symptoms were so aggravated by motion that he refused to move except when urged. Bryonia was, of course, given and on October 12th he was bright with pulse and temperature about normal.

The physical signs were much improved. Contrary to advice he arose and went about the house. By afternoon his fever was up and tubular breathing had returned with extensive mucous rattling in the left. From then on he sank rapidly and died on the 15th. His symptoms were significant, but because of the rush and delays the remedy was apparently too late. This will look familiar to those who have studied the provings of Cuprum and its salts.

Sudden effusion of fluid into the air spaces of the lungs, coarse rattling, intense dyspnœa, jerky respiration, shooting pains through sides of the chest but soon disappearing because of exhaustion, respiratory motions of the *alæ nasi*, intense thirst for cold drinks, drenched with sweat; at first refused to move, later throwing himself about the bed partly to find a cool place. Cold sweat on hands, feet and forehead; would not remain covered; intense mental anguish, premonition of death, constant groaning, cried out repeatedly, "Wait a minute"; thought he was going to be stabbed, shrinking to a corner of the bed in terror, could not be appeased, staring as at some object in terror. Stabbing pain in epigastrium, drenched with cold perspiration, cold breath, running tongue out quickly to lick lips like a snake, eyes brilliant, complexion ashy and dark, lips white, later bluish, frequently escaping from bed in spite of attendants. Convulsion began suddenly with cramps in feet, then legs, then all over, the face last; muscles rigid but quivering; thumbs turned in at first, then snapped out; cyanosis, then sudden agitation of face and neck muscles and death. Cuprum was not given because of my absence in the rush. These later symptoms were obtained from the nurse.

Another case that died: Mrs. C., 27, same type. Had been ill five days when first seen. T. 105.6, P. 130, R. 40. Hunger during fever; craving cold drink; copious sweat;

expected to die ; thought her mother had died out in the yard. Consolidated areas in the lungs, mucous rales in the lungs ; the true remedy was not recognized, Phos. was given. A few hours later sudden delirium, supernatural strength, restrained with difficulty, tried to "go home," constant chattering and screaming, eyes brilliant, countenance sunken, dark, ashy countenance, lips purplish, Dr. D. was sent for in my absence and injected ½ gr. Morphine with no effect whatever. Cupr met. cm. in water every one-half hour, gradually lengthening the doses until twelve hours had elapsed. Became quiet before the second dose was given, remained quiet and rational all night and slept considerably. Next morning P. 120, T. 101. The Cuprum was discontinued. I was delayed in seeing patient, all symptoms became aggravated and death occurred a day later. The palliative effect of Cuprum was striking. Had it been used differently the patient might have survived.

Some pleasanter experiences : Mr. T., aged 34, same type. Sore throat, headache, which cough aggravated, moves about the bed, thirstless (fever), dizziness on rising, some ordinary remedy was given, P. 80, T. 102. October 15th, no change. Next day, coarse rattling in tubes, areas not recorded but extensive, tracheal rhoncus audible in the adjoining room, restless tossing, eyes brilliant, staring as if at something frightful, escaping from bed, fear of death, dark, ashy, sunken countenance, copious sweat, sleepless. P. 112, T. 104, jerky, distressing. Cuprum cm. 1 d. Next day, no delirium, small area of moist rales at base of right only, uninterrupted convalescence, no other medicine used.

A striking cure : Edw. W., 39, same type, except fair skin, light, fine hair and blue eyes. Influenza began October 17th ; lung involvement suspected but not detected until the 20th, then consolidation and many moist rales. No response from

Phos. or previous remedies. October 21st, prostration had rapidly increased, strange quivering sensation all over, trembling with anxiety like delirium tremens, spells of thirst, cough hurt the head, headache aggravated by motion, dizziness when moving, sweating spells, lying on the back only, rattling in trachea, countenance darkened, ashy; abject sunken expression, skin doughy and relaxed. Dreams of crashing, accidents, of the house being pushed over, of some one about to be hurt. Cupr. met. cm. 1 d. Next day improved and the day after much improved. Then sudden but mild delirium. He arose at 1 A. M. and went downstairs, refused to return to bed saying it was wet, wanted to "go home," speech indistinct, confused and interrupted. Staring blankly at whoever entered the room, lies long with motionless staring, rising in bed looking intently and moving arms slowly as if seeing something that appeared queer. Pulse and temperature low. Hyos. 1 m. 1 d. was given. Four days later was found much worse. Had been out and around house and outdoors all night, there being no one to restrain him, bluish countenance, lips and nails, pulse too feeble and quick to be counted. Cupr. cm. 1 d. Next day unconscious, incontinence of urine, but pulse full, 80, T. 99. Ten hours later P. 100, T. 104, mind clear, resting. No further medication was needed.

We met scores like this: Influenzal fever with or without sweat; with or without sweat or spells of thirst, with or without perceptible lung involvement. Frontal headache aggravated by motion, hurting with cough. Cough tearing or scraping or causing sharp pains. Muscular pains aggravated by motion. Dizziness, nausea or faintness when rising or moving. Aggravated entirely by moving and desire to keep perfectly still. Is this Bryonia? No. Bryonia would act, but would seldom act well. It usually had to be repeated, perhaps several times, the patient making a slow, prostrated

recovery with slow pulse, later rapid, and slow return of strength. Searching further, especially for slight but peculiar mental, nerve or dream symptoms, Cuprum is then found to be the remedy; the patient is found to be much improved next day with pulse and temperature nearly normal and strength is recovered rapidly as in other acute diseases.

To illustrate with a real case : Mrs. M., 43, tired out caring for others. Chilliness aggravated by cold drinks (the opposite in large type in Kent's Repertory, not found elsewhere in Materia Medica or toxicology). General soreness, head heavy and dull, nausea, hard cough, tightness in chest, all symptoms relieved by quiet and lying down. P. 112, T. 101. Cuprum 10 m. 1 d. Fourteen hours later felt better than in several days. P. 78, T. 99.

(To be continued.)

—The Homeopathic Recorder.

THE INDIAN
HOMEOPATHIC REVIEW.

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"The knowledge of disease, the knowledge of remedies and the knowledge of their employment constitute medicine."

—HAHNEMANN.

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LUPUS.

Nose is very often affected by lupus and it very often assumes a malignant form. It is due to the tubercle bacilli. There are two kinds, Lupus exedens and Lupus non-exedens. It often extends from the nose to the face and causes disfigurement.

Treatment.—This disease is very obstinate and difficult to cure. I had a young man under my care. His disease went on increasing and invading the adjacent structure in the face and many a time I despaired of his recovery ; but the man had firm faith in me and homeopathic treatment and I was successful at last. Aurum met is a prominent and useful remedy. Disease commences from the mucous membrane of the nose, and gradually invades the bones and cartileges.

Graphites—Deep ulcers, obstinate constipation.

Lycopodium—Sickly and debilitated persons, dyspeptic derangements. Flatulence.

Arsenic, Baryta, Carbo an, Causticum, Hydrocotyle are also useful.

We cured that young man with Lachesis in the higher potencies.

Nourishing food and good and well-ventilated house to live in are absolute necessity.

Nitric acid is very useful when there is much burning and pain and in syphilitic and mercurial cases.

In one case of syphilitic origin I effected a cure with Syphilin 200, one dose a week, in three months. He was very anæmic and of worn out constitution, heavily mercurialized. This was a marvellous cure.

P. C. M.

Clinical Cases.

P. C. Majumdar, M. D.

I.

Influenza. An elderly gentleman had cough and cold, much running from the nose and incessant dry cough, some sneezing. Next day he got fever which was not very high, temperature from 99 to 100F. Headache, slight pain in the back and great malaise. Not much thirst, but drank at long intervals. No appetite and some loathing for food. Feeling very weak not in proportion to the fever.

Bryonia 30 every four hours were given. Cough was slightly less, no other improvement. Complained of very great headache and cough seemed to be little

easier. Fever was high. Morning temperature 99.8F. and evening 103F. No medicine in the morning, but in the afternoon fever increased and there were great restlessness, incessant dry cough and much prostration.

Belladonna 30, one dose every four hours. Fever abated the next day but cough was still troublesome. Expectoration glary, rather thick. Sputa raised with difficulty. Fever 103 F ; gave two doses of Belladonna 200, one in the morning and another in the evening. Felt much easier today and fever rose to 101 F. in the evening. Felt much easier to-day. Rested well at night. No medicine the next day and he was much improved in every way.

No medicine still to-day and fever much less, only 99.8 F. in the evening. Next day temperature 98.6 and easy in every way, but cough very distressing. Bryonia 200 two doses to-day.

Much better, cough less and convalescent, the cure was speedy and perfect. On the sixth day I gave him rice to eat.

This was a simple case but in the locality, such cases of simple nature increased to a great extent, lungs were involved, pneumonia set in, and death took place, rather quickly. This gentleman was afraid of such a result and requested me to cure him at once, otherwise the same fatal result will take place. I assured him that under proper homeopathic treatment such bad consequences seldom happened.

II.

Appendicitis. A young man had pain in the right

side of his lower abdomen attended with slight fever and constipation. He was given fever mixture and a purgative. These increased his pain in the abdomen and there was great restlessness. I was called on the 5th of September, 1920. After examination I found it to be a case of appendicitis. Pains were excruciating, coming on suddenly and abating as suddenly, Temperature 101 F. Great restlessness and constant headache. Bowels constipated after the purgative. An allopathic doctor came just before me and told the father of the young man that it was a serious case of appendicitis and must be operated at once ; delay was dangerous.

I assured the father that I would be able to cure him. The patient said, do something for my pain. I gave him Belladon 200, one dose every 3 hours and directed him to let me know the result after three doses were taken. I saw him again in the evening and the pain was much relieved. Next morning the fever was almost gone, temperature was 99. F. But his abdomen was tympanitic and there were no stools. Nux vom 30, one dose, had no effect ; even the upper abdomen was swollen, there was occasional passage of wind but no relief. There was perspiration and the patient wanted fanning all the time. Carbo veg 200, one dose, dry on the tongue. Next morning he passed a good stool and the swelling went down and the abscess was no more visible. Pains entirely subsided.

III.

Babu S. Mittra, aged about 24, had been suffering

long from acidity, heart-burn and constipated bowels, under homeopathic treatment from the beginning. Nux vom, Calc c and some other medicines were tried by another homeopath with little effect. When I came on the 2nd January, 1921, he had the following symptoms: Patient extremely weak and emaciated; pain in the region of the liver, motion aggravated, burning in anus after stool, mucus and blood with the stool. Burning also in the stomach, mouth and æsophagus, constant dribbling of tenacious saliva; occasionally vomited bilious and acid matters. Complained of headache now and again.

Iris vers. 3x three times a day. The effect was immediate and persistent. Stopped repetition. Continued better for one week and then had burning in the alimentary canal as before. Iris v. 200, one dose every morning for three days. He became all right.

IV.

A European elderly lady was brought to me in an invalid chair suffering from fever, anæmia and extreme debility. She urinated very freely and often. The European doctors of the hospital gave up the case as hopeless. Fever was not very high, temperature ranged from 99½ to 101. Fever commenced from 10 a. m. and became the highest at 3 p. m. Thirst restlessness and splitting headache during fever, bowels rather constipated. I gave Natrum 200 one dose at night. Fever gone in two days; reported very weak. Ferrum met 30 cured her completely.

USING CUPRUM IN "FLU," ETC.

(*Continued from page* 344, *No.* 11, *Vol. XXX.*)

Son of same, aged 11. Headache ameliorated by cold applications. Thirst for cold one day, thirstless the next; chilliness when moving; dizziness when rising; cough that hurts; strained pain in the back; wanted to be quiet—all like Bryonia—*but also*, pain in epigastrium; respiratory dilating of alæ nasi (verified with Cupr. many times). Fidgety, delirium, went out of bed, said a man wa in his room. Cupr. 10 m. 1 d. Improved that same evening and almost normal next day.

A striking cure. Boy, aged 6 years. October 25th. Projectile vomiting, bloody; sweaty and flushed all over. Beating frontal headache ameliorated by holding it with the cold hand. Averse to touch or motion. Delirium about his play; appears wild. Dozing and starting; escaping from bed. P. 144, T. 103. Bellad. 1 m., 1 d. (was not then familiar with Cupr.). That evening: Active delirium, great muscular strength, could hardly be held down by two strong women, constant attempts to escape, constant stream of talking and screaming, tears running down face, drenched with sweat; insatiable thirst, but taking only small drinks; pain in epigastrium, rapid running of tongue out and in, gnashing teeth, right lung involved. T. 106, P. about 160. Cupr. cm., 1 d. at noon. Next day his temperature was 100 and he was sitting at the table eating soup, notwithstanding which he made a rapid recovery. His mother said that she could see him improve each hour until at night he fell asleep.

Cuprum made the most brilliant and sensational cures of severe or prolonged cases besides curing the mild ones at every turn. It is difficult to resist the temptation to report

them, but we will close by reporting one or two actions of the remedy in sequelæ, or imperfect recoveries.

Mr. K. went through a combination of influenza and coal gas poisoning and after getting Nxv., then Lach. * was about the premises nicely in six days. Then a rapid weakness of the lower extremities developed, especially in the calves. The muscles suddenly became flaccid and emaciated ; sleepiness day and night. Dreams of working and being very busy, dreamed the bed skidded every time he turned in it. Stupid, mental prostration on waking, "big head," could determine objects only with difficulty, everything appeared strange. He appeared wild when getting awake, staring with congested eyes harder and harder with astonished expression. Oppressed in house, wanted more room, craving fresh air. Too sensitive to odors, they having an "overwhelming" effect. Taste was gone. Partial motor paralysis of legs, almost falling when attempting to walk, had to be supported, arms strong as usual. Had to pitch forward to get up slight grade, had to shift feet on floor to turn around, like a feeble old person. Legs cold and the hairs stood out stiffy, causing such an amusing appearance that it partially compensated for his disability. Cupr 10 m 1 d. cured right away.

Mr. S, after getting through three weeks of influenza with another homœopath, was brought with soreness and tenderness of the right calf and the leg fixed at right angles to the thigh. This contraction had appeared gradually as he was convalescing from the acute attack. Cupr. 10 m 1 d. was given. In five days he was walking.

There were many cases of debility persisting weeks or months after allopathic treatment presenting more or less clear symptoms for Cuprum and the remedy acted quite satisfactorily.

Since the epidemic of 1918 up to the present time

occasional grippe and pneumonia cases occur, either mild or severe which need Cuprum.

—*The Homeopathic Recorder.*

Materia Medica.

CARDUUS MAR.

This is a comparatively new medicine. We have the following symptoms noted down : "The action of this drug is centred in the liver and portal system, causing soreness, pain, jaundice, varicose veins and ulcers.* Dropsical conditions depending on liver disease. Influenza when liver is affected. Debility."

Mind—Despondency ; forgetful, apathetic.

Stomach—Taste bitter ; appetite small ; tongue furred, nausea and vomiting of green fluid, stitches in the left side of the stomach near the spleen.

Abdomen—Pain in the region of liver. Left lobe very sensitive. Fullness and soreness with moist skin. Constipation, stools hard, difficult, knotty. Stools bright yellow, swelling of gall bladder with painful tenderness, Hyperæmia of liver with jaundice. Cirrhosis with dropsy.

Skin—Itching on lying down at night, varicose ulcers.

The action of Carduus over liver is wonderfully experienced in a case recently come to our observation. An elderly man suffered from influenza with nasal catarrh and some fever. The fever abated in two days, but extreme weakness followed. Many

remedies were tried with partial relief. The patient became despondent and apathetic. Appetite gone, taste bitter and soapy. Pain came on every day near the gall bladder at night, very excruciating, sometimes on the left side near the spleen, obstinate constipation of knotty stools, no desire for stool, only once a day.

Lycopod. high and low, Chelidonium 3x, Nux vom. 30 and Dioscoria 3x were tried, all with partial relief. Carduus 3x once a day every morning for four days and no more pain. Appetite improved but knotty stools remained. Had copious passage of flatus, especially after food. Pain was almost gone and the patient was cheerful.

Another case. A young woman passing gall stones almost once every month. Appetite gone, bile taste in mouth ; pain in the region of gall bladder and towards the left ; acidity and heart-burn. Nux v. 30 gives her immediate relief, but pains recurred as usual, though with less intensity and onoe in two or three months. Carduus m. 3x in water every two hours during the attack of pain. After a dose or two pain disappeared altogether. I gave her this medicine on two occasions during the paroxysm and no more doses were required.

Another case of an elderly man. Gall stones passed now and again. Jaundice, intense itching of skin, obstinate constipation, knotty and white stools only every second or third day ; bitter taste in mouth, greatly emaciated. Carduus m. 3x morning and evening and every 3 hours during the paroxyms of pain, cured him in three months. He was in Government service,

After this he worked for five years and was pensioned off. No more pains. Dr. Nash says "Carduus is called a liver remedy and has seen good results from it in liver troubles, yet he does not know any special indications for its use." We have seen mental conditions of apathy and despondency, during pains. Patient thinks he would be no more, pain from right to left side of abdomen, itching skin, constipation, knotty stools are sufficient indications for its use. We especially find it useful in cases of influenza with liver troubles. Dr. Nash has given the result of a case treated by Carduus. In our last case that of the elderly man, he used to pass two, three or even four stones of the size of a small seed. He continued to pass these for about a fortnight.

I went out of Calcutta about three hundred miles to see an old lady—the mother of a Rajah suffering from gall-stone colic. Before me a European physician from the Medical College was called. He said she must submit to an operation for removing some stones from gall-bladder, when I was called. The lady had jaundice, pappy stools, very great pain in liver, bad taste and appetite, slight rise of temperature in the afternoon, considerable emaciation. It was thought she would live no more. I gave her Merc. sol. 30 which had some effect. Fever was less and stools were colored, they were white before. I then gave her Carduus 3x and the relief was prompt. Next morning she passed four little stones. I was there for four days and she was all right.

HEMATURIA.

Blood and urine come together, mixed with each other. The blood comes either from bladder, kidney, ureter or urethra.

Causes. It may take place by abrasion of the mucous membrane from passing of calculi; from excessive work or inflammation. Cantharis, turpentine and other irritative medicines cause hæmaturia. Tumors, piles &c when their blood is suppressed cause bleeding in urine. Catheterism often causes the disease.

Symptoms. When blood comes from kidney it is clotted and pain is felt in the region of kidneys. Pain also in bladder,

Treatment. Cantharis is the first medicine to be thought of in this disease. Irritation and pain, frequent urination, blood and urine come together. Burning in making water.

Arnica—if the disease is caused by injury. Catheterism, blood bright red and pain in kidney or bladder.

Ipecac—bladder full, but no urine passed; profuse and blackish urine, nausea and vomiting, skin cold, fainting, urine suppressed.

Cannabis sat—blood from urethra. Symptoms of Cantharis but if not relieved by it.

Lycopod and Sulphur are to be thought of if there is piles and its blood is suppressed.

Mezerium—pure blood is passed after urination.

Erigeron can—frequent desire to make water, pure and arterial blood. We have been able to cure

many cases with this medicine. A rich man came to Calcutta and was attacked by hæmaturia. He was cured by a few doses of Erygeron 3x.

Aconite—to be thought of in the beginning of the disease; exposure to cold, irritation in urinary organs and symptoms of congestion call for Aconite. Camphor is a remedy to be given in cases from abuse of Cantharis.

Millefolium, Hamamelis, Nux vom. Phosphorus, Lachesis, Mercurius and others are often required.

Uva ursi is recommended by Dr. Raue.

Plenty of liquids should be taken. Meat, fish and irritant foods should be avoided.

IRRITABLE BLADDER.

Frequent urination; as soon as few drops of urine reach the bladder, there is intense desire to void it. As if there is tendency to make water all the time, though nothing or only a few drops come.

Treatment. Nux vom. is the right remedy in this disease. We have got immediate action from the higher potencies, in infrequent doses.

Cuprum met. is recommended by Dr. Cooper of London,

Ferrum phos—Dr. Hughes got good results from Ferrum phos.

Rhustox is to be given if the disease is aggravated at night and if the patient gets relief in the morning.

Sabul serulatta is recommended by Dr. Hale.

P. C. Majumdar.

CACTUS GRANDIFLORUS AND THE HEART.

This is really a *Grand* heart remedy when indicated. Its action in Angina Pectoris is sometimes little short of miraculous. While I was still a student one day my preceptor went out of town and I was called to visit one of his patients, who was suffering from Angina Pectoris. The patient told me that she had a sensation of *an iron hand grasping her heart.* I had learned that this symptom was one of the keynotes for Cactus. I gave it, and the result was such that they wanted to discharge my preceptor and have me take the case. Of course they did not know that I was still an undergraduate and knew very little about medicine except that I did know thoroughly the characteristic indications of about one hundred of the homeopathic remedies.

Several years later a man was brought into the hospital with an unusually severe attack of Angina Pectoris. The house physicians and some of the other doctors who happened to be in the building were called upon to prescribe, but he got no relief. I was called out of bed to come and see him. I gave him Cactus 30X and the result was astonishing to the house physicians and all those who had seen the case.

Allen in his handbook of Materia Medica and Homeopathic Therapeutics sums up the clinical indications for Cactus as follows with reference to its use in heart troubles :

"Cardiac dropsy, with labored breathing, œdematous extremities, inability to lie down. Nosebleed, with hard violent action of the heart and constriction. Acute inflammation of heart, pericardium and endocardium. Hypertrophy of heart. Violent palpitation, Angina Pectoris. In all these diseases there is presnt the characteristic feeling as if an iron hand prevented the normal action of the heart, with suffocation, cold sweat, etc."

It is interesting to recall the fact that a few years ago the would-be great authorities in medicine, who arrogate to themselves the right to dictate to the rank and file what they should prescribe, announced that they had analyzed and tested out in their laboratory and proven that Cactus had no physiological effect whatever, and therefore had no therapeutic value. No doubt there are ten thousand physicians that have verified the value of Cactus Grandiflorus in Angina Pectoris.

This is anothe illustration of what we have always claimed, that the laboratory should be the handmaiden of therapy and not its dictator. There are thousands of agents that are potent therapeutically but beyond detection by any chemical test.

HOMEOPATHY IN DISEASES OF THE HEART.

Abrotanum—Endocarditis with piercing pains across chest, worse in cardiac region. Metastasis of gout or rehumatism to heart.

Aconite—Palpitations of heart in young, growing persons and plethoric individuals ; cardiac oppression and even syncope. Attacks of intense pain (hypertrophy of heart) extend from heart down to left arm with numbness and tingling of fingers and fear and anxiety that he will drop dead in the street ; hyperæmia preceding endocarditis, of rheumatic origin (high potency).

Agaricus—Sticking pains in apex of heart ; stitches in cardiac region, through to shoulder blade. Sense of oppression in cardiac region as if the cavity of thorax were narrowed ; patient hears heart throb and it lifts hand lying on the chest.

Ailanthus—Organic diseases of heart with livid complexion ; dull pain and sense of contraction at base of heart ;

swelling of left arm; formication in arms and fingers on waking.

Ammonium Carb.—Dilatation of heart. Cyanosis, heart symptoms secondary to bronchial emphysema. Veins of hands swell and turn blue while washing.

Anacardium—Palpitation of heart, especially in aged persons. Rheumatic pericarditis characterized by short, sharp stitches, one quickly following another, then an interval of rest.

Antimonium Tart.—Dilatation of heart; so warm about the heart that she lets the arms sink down with great general weakness. Dilatation from rheumatism, with feeling as if heart were strained.

Apis Mel.—Cardiac inflammation and dropsy. Sudden lancinating, darting or stinging pains just below the heart, soon extending diagonally towards the right chest. Pericarditis and hydropericardium. Feeling of suffocation; as if he would smother for want of air.

Apocynum Can.—Hydropericardium; heart's action scarcely perceptible.

Argentum Met.—Neuralgia Cordis; sensation as if the heart were suddenly standing still, followed by trembling of heart, gradually passing into an irregular violent throbbing, passing away in a few minutes. Frequent spasmodic, though painless, twitchings of the whole cardiac muscle.

Argentum Nit.—Constant anxious feeling in cardiac region. When sitting quietly thinks his heart stops beating. Violent palpitation from slightest mental emotion or sudden muscular exertion. Worse in bed, riding, better while walking fast, or moving about.

Arnica—Strain of the heart producing cardiac hypertrophy. Coradiposum, fat embedded around the heart. Sudden pain as if the heart got a shock.

Arsenicum—Cardiac cachexia. Irritable heart, trembling, irregular action of the heart; palpitations from going upstairs. Heartbeat too strong, visible to person standing by and audible to patient himself. Endocarditis and pericarditis with restlessness, agony and trembling of fingers of left hand.

Aurum Met.—Pure cardiac hypertrophy, without dilatation, with increased force of heart-stroke, with hyperemia of lungs. Endocarditis with loud endocardial bruits of fluttering action of the heart. Fatty heart (arnica)

Cactus Grand.—Sanguinous congestion to chest. Endocarditis and pericarditis; sensation of constriction of heart as if it were compressed or squeezed by a hand. Violent contractions of heart muscle, throwing the blood with great force into the aorta. Idiopathic hypertroyhy of heart of young people. Cactus moderates and regulates the action of the heart and thus economizes it.

Calcarea Ars.—Dyspnœa from a feeble heart. Pain in cardiac region.

Calcarea Carb.—Anxious dread of heart disease. Aneurism of aorta.

Cannabis Ind.—Sensation as if drops of water were falling from the heart.

Capsicum—Fatty degeneration of heart and atheroma in fat people.

Carbo veg.—Carditis. Impending paralysis of heart; blood stagnates in capillaries. Aneurisms.

Causticum—Chronic heart disease in young girls: occasionally overlifting. Oppression at heart with lowness of spirits, cardiac anxiëty and languor; backache during menses.

Coffea—Is for the nerves of heart what cactus is for the muscle. Nervous palpitations with frequent urination. Strong, quick beating of heart with extreme nervousness; sleeplessness and cerebral erethism after excessive joy, surprise,

Colchicum—Heart disease following acute rheumatism. Hydropericardium.

Digitalis—Subacute inflammation of heart. Sensation as if the heart would stop beating if patient moved. Organic diseases of the heart. Pericarditis. Digitalis regulates the contractions of the heart and increases intravascular pressure.

Gelsemium—Cardiac Neurosis. Feeling as if the heart would stop beating if he did not move about, in order to stimulate the heart to act. Nervous chill; yet skin is warm.

Graphites—Cold feeling around heart. Smothering feeling about the heart waking patient from sleep and compelling him to get out of bed.

Glonoin—Excessive throbbing of heart, alternate congestion to heart and head.

Iodium—Valvular affectations following endocarditis; violent palpitations, constant heavy oppressive pain in cardiac region. Sensation as if heart were squeezed together.

Kalmia—In small doses accelerates action of heart; in larger it moderates it grealy. Palpitation; worse leaning forward. Pain shoots downwards, with numerous numbness when rheumatism shifts to heart.

Kali Carb.—Systolic murmurs; second tick loud from pulmonary stagnation. Insufficiency of mitral valves. Late stage of endo- and pericarditis, with sharp, stitching pains about heart and through to scapula. Palpitation in spells taking away the breath.

Lachesis—Late stage of rheumatismus cordis. Feeling of expansion of the heart as if full of wind; better by eructation, by deep sighing every few minutes. Atheromatous condition of arteries in the aged and in drunkards.

Lycopus—Hypertrophy of heart causing pulmonary bleeding or at least cough with spitting of blood. Constricting

pain and tenderness about heart; first sound replaced by a blowing sound at the epex, from mitral regurgitation.

Mercurius—Weakness of heart as if life were ebbing away; awakens with trembling at the heart; aching pain at apex.

Moschus—Palpitations due to tobacco. Tightness of chest, better by taking a deep inspiration. Hysteric spasms when the nervous or muscular energy of the heart is weakened by great mental anxiety or emotions.

Naja Tripudians—Endocarditis : sense of oppression in chest as if a hot iron had been run into it and a big weight upon it.

Natrum Carb.—Violent anxious palpitation at night when lying on left side.

Natrum Mur.—Feeling of coldness about heart during mental exertion. Heart's pulsations shake the body. An overworked heart, but the primary organ is the spleen. Hypertrophy of heart.

Nux Vomica—Hypertrophy of heart from portal obstruction. Dilatation of heart (weakened heart) with nervous palpitation, with nausea. Pulsating throbs in direction of heart especially from mental emotions, protracted study.

Phosphorus—Cardiac disease of the right heart, with venous stagnation. Fatty degeneration and destruction of the muscular fibres of the heart. Endocarditis and myocarditis during acute inflammatory rheumatism or during pneumonia. Systolic bellows' murmur at base of heart.

Phytolacca.—Chronic rheumatic endocarditis. Shocks of pain in cardiac region, shooting into right arm.

Plumbum—Chronic endocarditis and endarteritis. Hypertrophy with atheroma of aorta, followed by dilatation of left ventricle; frequent violent palpitations, feeling pulsations in head, hands and feet; basic murmurs, especially systolic.

Psorinum—Pericarditis of psoric origin. Rheumatic carditis with effusion. Bellows' murmur with first sound,

Pulsatilla—Nervous palpitation in young girls during the time of puberty or from amenorrhœa. Catching pain in cardiac region, better for a time from pressure of hand. Rheumatic irritation of heart, pains shifting rapidly from one part of body to another.

Rhus Tox—Uncomplicated hypertrophy; palpitation following physical overexertion; sensation of tingling numbness in left arm and shoulder; weak feeling in chest as if heart muscles were tired. Rheumatic diathesis.

Sanguinaria—Painful stitches or pressing pain in cardiac region. Palpitation before vomiting (migraine) with weakness. Sensation as if hot water were being poured from breast into abdomen.

Silicea—Heart troubles from nervous exhaustion. Violent hammering palpitation after very quick or violent motion.

Spigelia—Rheumatic pericarditis. Great dyspnœa at every change of position. Audible beating of heart causing a pain that is felt through to back. Systolic blowing at the apex.

Spongia—Organic affections of the heart. Patient cannot lie flat on his back with the head low without bringing on a spell of suffocation.

Sulphur—Palpitations worse when going upstairs or clmbing a hill. Tremor in right arm. Patient feels oppressed and wants windows open.

Veratrum Vir,—Idiopathic and rheumatic peri- and endocarditis. Cardio-pulmonary dyspnœa. Cardiac weakness with palpitation and breathlessness. Faintness and blindness when rising from lying; from sudden motions. Throbbing carotids; congestion to head without delirium.

Veratrum Alb—Tumultuous irregular contractions of

heart. Face red on lying down, on sitting up face turns deathly pale; hands cold and clammy, from cardiac debility following acute diseases. Cold, clammy sweat on forehead.

—*The North American Journal of Homeopathy.*

MODERN SCIENCE AND HOMEOPATHY.*

Daniel E. S. Coleman, Ph. B., M. D., F. A. C. P.

Ten thousand years ago the Earth revolved around the Sun, the apple fell to the ground when the pyramids were being built, governed by the same law which caused it to fall in the year of 1921. The truth of Homeopathy established by Hahnemann in 1796 is as true today as it was then. The wonderful cures made by the pioneers of our school were achieved because of the intimate knowledge of drugs these master minds possessed.

The great advancement in medicine within the past few years can in no way influence the curative action of remedies, diseases curable by them fifty years ago are curable today. Our present knowledge of pathology, laboratory technique, X-ray diagnosis, electric, radium, serum and vaccine therapy, while adding greatly to the general advancement of therapeutic knowledge, can in no way influence the efficiency of Homeopathy.

We often hear that pure homeopathic prescribing is out of date, that the newer methods have replaced it to a considerable extent, and that our colleges do not obtain the necessary financial support because the public in general have come to understand that modern medicine has displaced sectarian and more or less obsolete therapeutic methods.

While I do not believe that sectarianism in its narrow

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* Bureau of Homeopathic Philosophy, I. H. A., 1921.

sense has a place in the mind of a true scientist, nevertheless he can at least believe in the efficiency of a certain law of cure and base his treatment upon it. Such belief and practice is in no way confined to the homeopathic prescriber, many physicians of all schools have their own pet therapeutic measures which they believe to be superior to all others.

The apparent waning of competent homeopathic prescribing and support is not the result of external influences or modern advances in medicine, but comes from within our own ranks. It is true, too true, that some of the leading homeopathic medical colleges are not graduating sufficient homeopathic prescribers or obtaining adequate financial support. If we are to eradicate the present downward trend of homeopathic nihilism, we must attack the obstructing causes at their very roots and eliminate the weeds which clog our advancement. There is no reason on earth why, with proper management, decaying colleges cannot be placed on a sound financial footing and organized in such a manner that competent homeopathic prescribers can be graduated. It is not within the province of this paper to point out just how this can be accomplished, but that such can be achieved must be apparent to any competent business or professional mind.

Another cause for the lack of interest in Homeopathy and for the inadequate prescribing too much in evidence today, is premature specialization. In former years it was the custom to enter a specialty only after a number of years' experience in general practice. In this way only can one become thoroughly competent. A young man just out of college can have little real understanding of practical medicine, and possess only an outline of homeopathic Materia Medica. True knowledge can only come with study and experience. The premature specializer never acquires proficiency in homeopathic

prescribing and the law of similars receives another "head-lock."

It needs no extensive examination into the facts to show that the development of modern medicine can in no way influence the efficiency of Homeopathy, but should with proper organization and teaching, enhance its progress. Our knowledge of modern pathology cannot diminish the curative action of the homeopathic remedy. Such pathological study is of value in showing what can or what cannot be cured by medicinal therapeutics ; it can guide us to more accurate understanding as to the diagnosis, development and prognosis of individual cases, and it can establish the necessity for operative measures, etc. Knowledge always helps the truth, and the truth of Homeopathy will be established upon a firmer base and be received with greater confidence if we can say, "Bryonia will not cure this patient ; he needs an operation at once ;" "This patient cannot be cured because pathological changes have advanced too far ;" "No known remedy will cure this condition."

Bacteriology can place no obstructing hand upon what is curable by the law of similars. The discovery of the tubercular bacilli does not in any way influence our selection of a remedy. For example, one patient 54 years old with decided physical signs and the presence of tubercular bacilli in sputum, which were found upon repeated examinations, applied for treatment after a number of months' unsuccessful administration of kreosote and similar drugs. His weight was 139 pounds. The symptoms pointed clearly to the homeopathicity of Phosphorus, He gained rapidly in weight, the cough disappeared, the sputum became negative and the active lesion healed. His name was removed from the Health Department tubercular file, Today he seems in perfect health, weighs over 150 pounds, more than ever before in his life, and shows

only a healed pulmonary lesion as the sole evidence of his former trouble. I gave Phos. in the 30x and 30th c. Another case, male, aged 62. Marked physical signs, tubercle bacilli present in the sputum, weight 120 pounds. In this patient Hydrastis was indicated upon the symptom of thick, yellow stringy mucus and other characteristic indications. He gained rapidly, the sputum became negative and his name was removed from the Health Department file. He increased in weight from 120 pounds to 155 pounds. I gave Hydrastis tincture, gtt X in one-half glass of water, drams ii, four times daily. This was discontinued from time to time when improvement was marked. Similar cases could be given, but these are enough to show that the discovery of the presence of bacilli did not influence the curative action of the homeopathically acting remedy. The bacilli disappeared under the reaction of the body to the action of the drug.

X-ray, of use chiefly for diagnostic purposes, is really homeopathic in its therapeutic use. For example, it has produced epithelioma in the healthy, similar to those which it is capable of curing. Such facts should strengthen our belief in Homeopathy.

Serum therapy is in reality Homeopathy. The field at present is limited to six more or less efficient serums, antidiphtheritic, antistreptococcic, antimeningitic, antitetanic, antigonococcic and antitubercle. Antitoxins are not really drugs as we understand them, but antibodies formed within the organism of man or the lower animals. Nature will form its autogenous antitoxin if there is sufficient vital force. The homeopathic remedy, acting through the law of reaction, stimulates this power. In serum therapy we inject the antibody directly; in homeopathy we cause it to be formed autogenously. The philosophy is the same.

Vaccine therapy has found its way into general medicine

of today. It is only a modification of the method taught by Xenocrates and introduced later through the homeopathic school by Dr. Lux in 1823 under the name of Isopathy. Hering, Swan, Burnett and others did much along this line. Hering proposed the employment of the diluted saliva of a rabid dog for hydrophobia in 1833, antedating Pasteur. Swan antedated Koch in the discovery of tuberculinum. Koch introduced tuberculin in 1890. Burnett began his work with this remedy (under the name of bacillinum) in 1885 and obtained results never dreamed of by Koch. The secret of Burnett's success lay in the infrequent repetition of the dose. This gave the body a chance to react. Infrequent repetition is the successful method of treatment by isopathy, or vaccine therapy, today. The part played by the homeopathic school in the introduction and development of vaccine therapy (isopathy) should be kept constantly before our minds when we try to establish the truth and efficiency of our method of cure.

The use of the internal secretions belongs to the field of palliative medicine. The use of medicines affecting the secretions of the ductless glands, as recommended by Sajous, needs further clinical verification,

Biochemistry is simply a matter of dietetics. Is consists in adding the various inorganic salts, silica, calcarea phos., etc., supposed to be deficient in individual diseases. Much sickness could be avoided if the proper attention were given to diet and demineralized foods were discarded. The refining of flour and other articles of food should be forbidden by law.

Instruments of precision, like the electrocardiograph, are more valuable as aids to diagnosis and prognosis, although according to Sir James Mackenzie, and which I believe to be absolutely true, the real prognostic indications in heart conditions lie in the subjective symptoms. The efficiency of the heart muscle is measured by the sensations. The value of

sensations, so well understood by the homeopathic school, was appreciated by this great English physician.

The discovery of the spirochæta pallida has not altered the relationship of mercury to syphilis. The discovery of the plasmodium malariæ in no way influences the truth of Homeopathy. China is truly homeopathic to many cases of intermittent fever regardless of the cause. The discovery that mercury would cure syphilis was one of the greatest achievements in the history of medicine. Careful examination into the pathogenesis of this metal and its combinations cannot fail to point out the homeopathicity. It has the rheumatoid pains in the muscles, aching of the bones, especially the ulna and tibia, feverishness, hemicrania, and aggravation from heat of the bed characteristic of the prodromal stage of syphilis. We find a perfect homeopathic relationship in the lesions of the skin and mucous membranes, the throat symptoms, the enlargement of the lymphatic nodes, certain eye conditions (keratitis and scleratitis), ptyalism, anœmia, etc.

Dr. Allen wrote in the "Hand Book" : "The long bones are attacked rather than the flat ones (opposite of syphilis). The iris is never affected." During the tertiary state the flat bones are affected by syphilis, but at this time mercury is losing much of its curative properties, and other remedies, like aurum, iodin, etc., become indicated. In the secondary stage, when the therapeutic action of mercury is at its height, the pains are in the long bones. Iritis is only one of the many symptoms and is not a constant manifestation of syphilis. It is significant that mercury is not of great value in the stage where the symptoms do not correspond notwithstanding that syphilis still exists.

The discovery of salvarsan and neosalvarsan was heralded with a blast of trumpets. Syphilis was to be cured with ease and rapidity. As knowledge accumulated belief in the

rapidity and ease of the cures diminished. Salvarsan is now used to control the symptoms and mercury has resumed its place as the great antisyphilitic. It is worthy of note that Arsenic was used in the treatment of syphilis years before the introduction of salvarsan and neosalvarsan.

Much more could be said on this vital subject, but I do not wish to burden you longer. The object of this outline is to stimulate the exchange of ideas. We are facing a critical time in the history of our school, the strongest, broadest and most determined men must be at the helm to guide the ship of homeopathy to the haven of universal acceptance. Personal likes or dislikes, special privilege, desire for gain or power must be crushed. Better homeopathic teaching is essential. The chair of Homeopathy and Materia Medica should be the strongest in a Homeopathic college, it should be manned by those possessing conviction, force, determination, breadth, receptiveness and wide clinical attainments.

Lastly, more frequent meetings devoted to the discussion of Homeopathy and Materia Medica should be held. Belief, courage, study, liberality, fairness, honest discussion and respect for the opinions of others are the qualities that make for the progress of Homeopathy in its broadest sense. Modern science will help the cause of Homeopathy if the homeopathic physicians will take advantage of their opportunities.

—*The Homeopathic Recorder.*

DIFFERENTIAL DIAGNOSIS OF ABDOMINAL DISEASES.

By RICHARD DOULAS, M. D.

ULCER OF THE STOMACH.

Differential Diagnosis—An ulcer of the stomach may have a varying history through a period of years ; in carcinoma the symptoms intensify from the beginning to the termination, which is rarely longer than eighteen months. Ulcer usually causes pain ; cancer may not, until obstructive symptoms appear. In ulcer vomiting relieves pain, in cancer it does not. In ulcer the appetite is unimpaired ; in cancer, anorexia is marked. Cachexia is more marked in the malignant trouble. In ulcer there may be dilatation of the stomach, but without a permanent tumor ; in carcinoma a tumor is generally found, preceding the development of dilatation. Only in the late stages of ulcer from cicatricial contraction of the pylorus is the vomiting that of dilatation of the stomach ; in cancer there is early pyloric obstruction and the consequent vomiting of retention. The vomitus from ulceration may not show blood ; in carcinoma blood is frequently present in the vomitus, though in small quantity. The stomach-contents in ulcer show excess of hydrochloric acid and absence of lactic acid ; in carcinoma the reverse is the case. In the late stages of carcinoma there are metastases, edema of the extremities, urticaria and insomnia, with rapid decline.

CARCINOMA OF THE STOMACH.

Differential Diagnosis—While age and sex guide us somewhat in distinguishing ulcer from carcinoma of the stomach, the occasional occurrence of carcinoma in the young and in females nullifies to a degree this differentiation. A

pylorospasm, though transient, may be mistaken for the tumor of carcinoma. If paragastritis occurs the massing adhesions may simulate a malignant tumor. The vomiting in both ulcer and cancer may not immediately follow the ingestion of food. In gastric cancer the vomiting is that of pyloric obstruction and retention ; not so in ulcer, except in the late stages with complications. In pyloric ulcer the pain and vomiting may not occur for two or three hours ; but it is relieved more decidedly when the stomach is empty in ulcer than it is in cancer. In cancer the blood in vomitus is of a characteristic coffee-ground appearance ; the hematemesis in ulcer is more profuse and of fresher red blood. Loss of appetite is characteristic of cancer ; hunger, of ulcer. The course of carcinoma is more rapid, the general health is more impaired, cachexia, metastases, and glandular involvement appear. *Examination of the stomach-contents, showing the presence of lactic acid and the absence of hydrochloric, is practically conclusive for cancer.* Exceptions to this rule are quite rare.

The absolute unreliability of all clinical and laboratory evidences of gastric carcinoma early in its course, when there is hope of permanent relief from surgical treatment, makes exploratory incision more or less essential in patients of the cancer age (after 40 especially), whenever digestive trouble associated with stagnation of stomach contents refuses to respond to careful medical treatment. When we have in addition a history of previous ulceration and marked impairment of the patient's general health, the indications for exploration are imperative. Musser lays stress on the importance of a family history of cancer in these cases.

DILATATION OF THE STOMACH.

Differential Diagnosis—With due consideration of its

general symptomatology and a careful application of all the test-methods of diagnosis, we are able to recognize the existence of dilatation, and there should be no confusion in the diagnosis. Gastroptosis, megalogastria, and dilated colon are the only reasonable chances of error. Food-stagnation and auscultatory percussion should eliminate these, yet Brown reports a case in which laparotomy was done, a thin-walled cyst evacuated, and about three pints of a viscid fluid drawn off; post mortem showed the cyst to be a dilated stomach, while the diagnosis had been intestinal obstruction. Other instances have been reported where dilated stomach have been mistaken for ovarian cysts. The chances for mistaking a dilated stomach for some other condition are exceedingly small; our error lies in failing to recognize the existence of dilatation. In acute dilatation the diagnosis is at once established by passing the tube.

ULCER OF THE DUODENUM.

Stenosis of the duodenum with consecutive dilatation of the stomach, the result of cicatrized duodenal ulcer, is a complication of very infrequent occurrence. Its general features would in no way differ from dilatation of the stomach due to pyloric obstruction, and they are considered under that subject.

Differential Diagnosis—Analogous as we have found the two conditions, gastric and duodenal ulcer, to be, yet there are certain differential diagnostic points when present that will lead us to correct conclusions. It is essential for care to be taken in making the differentiation, as duodenal ulcer is much less amenable to medical treatment than is gastric ulcer. Then, too, the complications are more severe, hemorrhages being more rapidly fatal and perforation more frequent and insidious.

SARCOMA OF THE LIVER.

Differential Diagnosis—Hepatic abscess : Primary sarcoma may be confounded with hepatic abscess. The rapid development, the emaciation, the digestive disturbances, the temperature, the sometimes chronic course, the physical signs, may all be confusing. But the history of the patient, the ascertainable cause, dysentery or infection, his age, usually in middle life, the rarity of abscess in women, hectic fever, profuse sweating, and leucocytosis mark the difference.

It is practically impossible to differentiate sarcoma from carcinoma, though we may be led to a correct conclusion by the age of the patient, the rapidity of the growth, and the local symptoms of greater activity in sarcoma.

GALL-STONE.

Differential Diagnosis—To assert that the general diagnosis of gall-stone is easy, and that the position of the calculus may in all instances be definitely determined, is an acknowledgment of unfamiliarity with the manifold intra-abdominal pathological lesions which often present common and confusing symptoms. If the surgeon wishes to avoid the mortification of an erroneous diagnosis, and to save his patient from the consequences of an improper and perhaps needless operation, he must not rest content with the diagnosis of biliary calculus until he has excluded those conditions which closely simulate it. An indefinite conception of the true pathological state in all surgical work begets imperfect and prolonged technic, which influences materially the result. The differential diagnosis therefore, becomes a most important part of the study of cholelithiasis.

PANCREATITIS.

Differential Diagnosis—The clinical picture of acute pan-

creatitis is stereotyped; sudden onset, violent epigastric pain, distressful vomiting, perhaps fever, then collapse and death within a few days. Further analysis of the symptoms shows that we may group cases under several heads: (1) those few cases attributable to traumatism, in which the classical symptoms follow with moderate rapidity; (2) those cases with a history of cholelithiasis—here the symptoms develop with the phenomena of the dual affection, and are most confusing in differentiation; (3) those cases with an acute onset, but in which a tumor, occupying the region of the pancreas, develops. In all such cases there are the symptoms of a peritonitis starting in the epigastric region; yet it must not be inferred that every ease of pancreatitis offers so well-characterized features. We have noted the difficulty that Halstead encountered in diagnosis; all the symptoms save pain were wanting, and "the only sign which this obscure case presented was the white print of finger tips in a slightly cyanosed field just over the site of greatest pain."

From *intestinal obstruction* pancreatitis may be distinguished by the seat of pain and tenderness, an unusual site of obstruction, by the absence of general tympany, by the occurrence of fever, by the absence of stercoral vomit, and by the possibility of obtaining by enemata fecal discharges or free passage of gas.

RENAL CALCULUS.

Differential Diagnosis—Renal Tuberculosis: The symptoms presented by renal calculus are closely simulated by those of renal tuberculosis. In renal tuberculosis an inherited predisposition, a history of genital infection or suspected latent or healed tuberculous disease in other organs, with loss of flesh and anemia are suggestive points. Polyuria is the symptom of greatest value in tuberculous kidney. There

is not only frequency of micturition, both day and night, but there is an increase in the quantity discharged ; while in renal calculus there is frequent micturition during the day, relieved at night and the quantity of urine voided is not increased. Hematuria is copious in tuberculosis, the urine often containing blood-casts, is spontaneous and not induced by exercise ; it is constant symptom in the latter part of the disease and may appear as a very early symptom. The hectic condition of the patient, tendency to pyrexia and sweating, are more important symptoms in tuberculosis. In the latter stages of the disease when pyuria is present a cystoscopic picture is in itself almost diagnostic, denoting the descending infection. And, finally, we may rely upon the bacteriologic examination of the separate urines, and upon the inoculation-test of the urinary sediment on guinea pigs.

(*To be continued.*)

—*The North American Journal of Homeopathy.*

THE INDIAN

HOMEOPATHIC REVIEW.

A monthly journal of Homeopathy and collateral sciences

"The knowledge of disease, the knowledge of remedies and the knowledge of their employment constitute medicine."

—HAHNEMANN.

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NEW YEAR.

Once more it is our pleasant duty to extend cordial greetings to all our numerous subscribers and readers. We wish a happy and prosperous new year to all lovers of Homeopathy throughout India. The Indian Homeopathic Review has had a fairly successful record of work during the past year. We have had new subscribers from distant parts of India. Homeopathy has spread throughout the country. The number of followers of our school is daily increasing. The Punjab and Bengal seem to be the principal seats of Homeopathy. We have some good homeopaths in Behar and the United Provinces also and they are all doing yeoman's service to the cause of homeopathy and suffering humanity. There have been two or three new homeopathic magazines started last year and they are all doing good work. Several charitable dispensaries have been started in Calcutta and in other cities also. A great many students have passed out of the many homeopathic schools, so that we

start the new year full of hope for the future. more wishing a happy new year to all, we begin work for the present year.

J. N. M.

FIBROMA.

Fibroid Tumors of the Uterus.

When I entered upon the practice of medicine and surgery, the attitude of the main body of the profession towards fibroid tumors of the uterus was shown by Thomas (Diseases of Women, 4th edition, pp. 507-8), in these words. "As already stated, these growths may attain the enormous weight of fifty pounds. Fortunately they very rarely reach such dimensions, but even when they do not, they sometimes exhaust the patient by metrorrhagia, leucorrhœa, and a low grade of constitutional irritation, often attended by hectic fever. But this termination, like the preceding, is exceptional. Having attained a moderate size they generally remain stationary or increase slowly until the menopause, creating considerable inconvenience and depreciating the patient's strength by hæmorrhage ; then undergoing a certain degree of atrophy with the sessation of uterine and ovarian functions they cease to be to any great degree, a source of annoyance, or at least of danger. * * In the vast majority of cases of interstitial and subserous variety the efforts of the practitioner should be limited to

palliation of the evils resulting from these growths." Armed with ergot and persistence, the physician brought a respectable proportion of his patients along the way towards recovery. The rest were subjected to operation, with varied results.

In contrast to the foregoing is the practice of to-day. The average gynecologist learns whether the tumor is operable or inoperable and removes the former. This step backward is at the expense of those who submit to operation, who are thus deprived of all opportunity to be cured, albeit their recovery may be satisfactory or unsatisfactory. The similar medicine cures the individual case in the majority of instances. It also cures some of the inoperable cases. Thus :

TUMORS.

Case I. A maiden, thirty-seven years old, complained of menorrhagia with dysmenia and a clumsy, uncomfortable sensation in the pelvis. Her physician found an interstitial fibroid tumor of the uterus. A specialist confirmed the diagnosis. After a time, in spite of ergot the patient gradually grew worse. She became thin and sallow and lost muscular strength. Operation was recommended but the patient declined, and decided to change treatment. Slight pressure of cloth around the waist, and around the neck as well, was irksome. Tolerably good sleep was succeeded by an unrefreshed feeling upon awaking. She was sad, anxious and loquacious. According to the science of

therapeutics one particular remedy was unmistakably required. It was given. Lachesis soon arrested the morbid process, took the patient safely through the menopause and finally brought her to a state of perfect health. The tumor was gone. Lachesis, in different potencies, and at long intervals, depending upon the rate of improvement, was the only remedy used by me during my management of this case which represents a large proportion of cases observed by me.

Case 2. A maiden school teacher, at the age of twenty-seven, noticed that her waist was increasing in size. A fibroid tumor of the uterus was found. The menstrual function was normal. Her digestion was weak; she was constipated and began to experience attacks which were called "liver colic." These grew worse as time went by.

Pain on the right side, under the ribs, extended across the abdomen and "around back." Premonitory to the above, for a day or two, there were pain in the left shoulder (sometimes the right) and much thirst for cold water. The "colic" was ameliorated by the vomiting of much bile and ended by the use of morphine. There was no icterus. Hot, sensitive, pulsating, bleeding, internal and external piles developed. When of thirty-eight years of age she married. The tumor continued to enlarge. When she was forty-one years old my responsibility for the case began.

At that time she somewhat resembled in size and shape, a pregnant woman at the seventh month. The

tumor was firm, unyielding, insensitive and felt, to the examining hand slightly ridged. The most prominent portion was two inches to the left of and below the umbilicus. There, occasionally, she felt pulsations at night when lying upon the back, which was broad but otherwise non-committal. Bimanual examination was attended with difficulty in consequence of vaginismus, the os was back and emitted brown fluid. The patient stated that the discharge was usually milky white and acrid. External pressure downwards upon the tumor was felt at the os, the sound passed three and one-half inches. The liver was greatly, and the spleen considerably, enlarged, the left thigh and legs were œdematous ; she wanted her clothing to be loose ; the tongue showed many large and small cracks, the mouth was sore and the disposition was sensitive.

Lachesis two hundredth helped several months and then ceased to act. It was followed by Apis two hundredth. The symptoms, in addition to those already recorded, which determined the choice of this remedy, were pricking pain through the intestines while straining at hard stool and a feeling as if something would give way ; foot and ankle "full of needles." Great improvement was produced by this medicine. As each paroxysm of "colic" passed off, the attacks were less frequent and less severe and, it should be needless to say, received no morphine—it was attended with a large flow of urine, which was sometimes highly colored and at other times clear.

Examination of the urine revealed no essential fault. The last part of the menstrual flow was light colored, putrid. In the course of a year the tumor had ceased to enlarge (as shown by an elaborate system of measurement) and the symptoms were less violent. The next year I stuck to Apis exclusively, with benefit. As occasion demanded, only, we dissolved the two hundredth potency in water and gave it three times a day. The tumor became a trifle smaller.

Improvement ceased. The menses had become infrequent and acrid, causing pruritis, and were worse during the day. The intermediate discharge was also irritating. The hemorrhoids were aggravated when the menstrual flow occurred. They were swollen and moist and impeded the stool; itched, stung, burned; were painful when touched, when walking, when thinking of them. A new symptom, coccygodynia, was worse at the same periods. These symptoms were met by the similar medicine. In four years the patient received four doses of Causticum c.m. (Fincke), with marvellous benefit. Each dose was uninterfered with so long as the improvemeni which it had produced lasted.

At the end of these four years there seemed to be comparatively little more to be done; but in a few months the patient complained of bad memory, with dizziness, which was worse when rising from the recumbent or sitting posture and the sensation, when in bed, as of floating in a boat. Conium, seventyfive m. (Fincke) corrected this. Presently His

majesty, king Psora (the chronic miasm described by Hahnemann not the restricted malady of some dermatologists), driven from his strongholds, made a last vicious onslaught upon the hands which started as urticaria, itched and burned, and was made worse by scratching and the application of cold water, and ultimately became blisters. This demonstration was first met by sulphur c.m. (Fincke); six months later by the same medicine in the c. m. potency; one year later still by the fine c. m. potency. His majesty was utterly routed.

Eleven years have since elapsed. The former patient, now of sixty-six years of age, continues to be well and active. Her organs are in a natural state. She manages her household affairs and numerous benevolent movements. She has been cured by what Hahnemann calls the art of healing.—Dr. Carlton, *Homeopathy in Medicine and Surgery.*

DIFFERENTIAL DIAGNOSIS OF ABDOMINAL DISEASES.

(*Continued from page* 376, *No.* 12, *Vol XXX.*)

Appendicitis. The gastro-intestinal form of renal colic has been mistaken for appendicitis. The absence of temperature, the presence of blood and pus in the urine, the alterations in the quantity of urine, the absence of a palpable tumor, the location of the pain and its reflections should eliminate appendicitis.

Gall-Stone Colic. Pain in the epigastrium or right hypo-

chondrium referred to the back and reflected upward is in itself so different from the downward-reflected pain of renal calculus that upon this alone we may, in a measure, rely. Gall-stone colic is attended by local tenderness upon point-pressure over the glass-bladder. In cystic-duct obstruction a tumor may develop, having the physical characteristics of a distended gall-bladder. In common-duct obstruction jaundice with clay-colored stools denotes the channel involved.

FIBROID OF THE UTERUS

Differential Diagnosis—Ovarian cysts may be mistaken for fibroids of the uterus. They rarely cause menorrhagia or metrorrhagia and only amenorrhea from bilateral disease or through constitutional depravity. They do not occasion sterility, they are of more rapid growth, give rise to fewer pressure-symptoms, are more subject to inflammation, produce more symmetrical distention of the abdomen, and not infrequently cause enlargement of the abdominal veins ; their surface is more uniformly smooth ; they are soft, elastic and fluctuating ; they usually cause descent and an antero, or retroposition of the uterus and they are not intimately connected with this organ.

—*The North American Journal of Homeopathy.*

SOME HIGH BLOOD-PRESSURE REMEDIES.*

Fritz. C. Askenstedt, M. D., Louisville, Ky.

The renewed interest in the study of blood-pressure awakened by the advent of the clinical sphygmomanometer has resulted in an accumulation of an overwhelming amount of clinical evidence. Not only has it been shown that high blood-pressure is a usual attendant on arterio-sclerotic changes, but evidence has been growing that vascular hypertension

* Read before the Southern Homeopathic Medical Association, Nov. 15, 1916.

plays an etiological role in the production of sclerotic or atheromatous changes of the blood-vessels, upon which mainly depends the physical and mental deterioration of advancing years. How to defer the decrepitude of old age is a problem that will remain of universal and perpetual interest.

The prerequisite to an intelligent treatment of high blood-pressure involves more consideration than its mere recognition, for back of the hypertension lies some fundamental condition or conditions, as cerebral irritation, faulty inetrnal secretion, intoxication with endogenous or exogenous poisons, which must needs be corrected if more than a transient benefit from treatment is to be obtained. For example, when a high blood-pressure is due to syphilis, any treatment that is not directed to the general infection must fail. Moreover, in a case of hardened arterioles increasing the peripheral resistance to the blood flow, a corresponding increase in blood-pressure becomes a conservative effort of nature, and its reduction below the compensatory limit can only result in further embarrassment to the circulation. Thus the use of vaso-dilators, as the nitrites, alcohol, etc., which principally dilate the unaffected vessels, can be of but little value, and at times may prove actually harmful. In the properly selected homeopathic remedy we have a means by which may be reached the hidden recesses where originate the first impulses to arterio-sclerosis. It is obvious that to the extent the recuperative forces have been spent and non-responsive tissue formations have resulted, to that extent all medicines must fail; but while in advanced sclerosis an absolute cure cannot be hoped for, there is ample reason to believe that in the pre-sclerotic stage the pathological process may be successfully combated by a homeopathic stimulation of the reactive force. The apparent difficulty of clinical demonstration of the the rapeutic value of our remedies in a progressive sclerosis

should not discourage us, for our law of cure is as applicable to the affected arterial cells not yet devitalized as to any other cell capable of resisting toxic invasion, and a stimulating influence on the metabolism of cells engaged in self-defence will at least retard their final destruction and thus impede the grosser progress of the disease.

Unfortunately, only few of our drug provings have been subjected to blood-pressure tests, and for this reason our remedial resources are at present inadequate to meet every case, but the few drugs already at our disposal can be employed with distinct advantage when homeopathically indicated. Considered as a mere symptom hypertension may seem of trivial value in the homeopathic prescription, but when we bear in mind that as a pathological condition it gives rise to a whole group of symptoms, high blood-pressure becomes a valuable therapeutic key to the indicated remedy.

Proper diet and clothing, regulated exercise, freedom from mental strain, auto-condensation, and carbonated baths are all valuable adjuvants in the treatment of high blood-pressures, but these measures do not come within the scope of this paper.

The following drugs constitute the available arrows in a partly explored quiver of homeopathic remedies for vascular hypertension :

The action of baryta mur. closely resembles the phenomena of arterio-sclerosis. Experiments upon animals have shown that the muscle fibers of the arteries are powerfully stimulated, causing a considerable rise in arterial pressure. Degeneration follows, first in the muscle fibers, then in the elastic connective tissue of the middle tunic, and, later, proliferation of connective tissue takes place and even calcareous infiltration has been observed. In the inner coat secondary plaques of connective tissue are formed, and in the weakened

places aneurismal sacs have been seen. The vessels most susceptible to the action of baryta mur. are the aorta and the arteries of the neck, brain and lungs. Upon the heart its action is marked by an augmented heart beat, and frequently by ventricular irregularities, even to the point of ventricular fibrillation. These laboratory observations are a splendid confirmation of the earlier provings, the symptoms of which led the pioneers of homeopathy to the use of the salts of baryta for the infirmities of old age. Physical and mental feebleness, with loss of memory ; vertigo, as if everything was turning around ; sexual impotence ; heaviness of limbs ; hemiplegia ; dyspnea, worse when lying down ; aortic heart murmurs ; dry or moist cough ; constipation or bloody stools, these are some of the symptoms of baryta mur. suggesting vascular degeneration.

Increased experience with this remedy has afforded me greater confidence in its value for moderately advanced cases of arterio-sclerosis where a high systolic pressure, with a comparatively low diastolic tension, is attended by cerebral or cardiac symptoms, such as vertigo, paresthesia, slight dyspnea on exercise, slow and intermittent pulse, cardiac hypertrophy and dilation, with or without relative mitral insufficiency. A reduction of the blood-pressure and improvement of subjective symptoms is usually soon noticed, but the remedy should be continued for weeks or months at a time. A gradual relief constipation is not infrequent. In alternation with cocculus 1x dil. the relief of vertigo has often seemed scarcely short of the marvellous. My favorite administration of baryta mur. is the 3x trit., one tablet four times daily.

Secale cor. stimulates the nerve endings of the sympathetic nerves connected with the thoracic and spiral nerves, thus causing a marked contraction of the blood-vessels supplying

the abdominal cavity and legs, with general increase of blood-pressure. This augmented blood-pressure stimulates the vagus center and consequently tends to retard the heart's action. But this depressing influence is ordinarily overcome by a stimulation of the sympathetic nerve endings of the heart, and, though alternations may occur, the cardiac action is usually increased, both in frequency and force. At the same time the veins are dilated and engorged with blood. The contraction of the peripheral arteries may be so great that gangrene results from local anemia. Marked nervous symptoms, as convulsions and ataxia, are also produced.

In contrast to baryta, secale is indicated where the diastolic, rather than the systolic, blood-pressure is high, since its action is spent mostly upon the peripheral arteries. It is also more frequently indicated in the functional forms of high blood-pressure in so-called hyperpiesis.

Marked pallor ; subnormal temperature ; subjective coldness, not relieved by heat ; moderately accelerated, incompressible pulse ; vertigo ; dimness of vision ; ataxia ; dyspnea and hemoptysis ; nausea and diarrhea ; formication in various parts of the body ; gangrene of feet or legs, are well-known symptoms of secale.

Clinically secale seems to have been singularly useful, in my hands, in cases of thrombosis of spinal cord, attended by ataxia and paresthesia. Likewise in metrorrhagia after the climacteric and in involuntary diarrhea of the aged, associated with high blood-pressure. Its value in cerebral thrombosis has been less striking.

The power of plumbum met. to produce arterio-sclerosis has long been an established fact. Its pathogenesis manifests, however, considerable diversity. In some cases of chronic poisoning it produces a typica. interstitial nephritis, with

copious urine of low sp. gr. and containing a small amount of albumin and casts, ending in uremia. In others, the alimentary tract, the blood-making organs, or the nervous system bear the brunt of its attack. Periarteritis and endarteritis are sometimes induced and may lead to cerebral hemorrhage, aortic and cardiac sclerosis.

High blood-pressure, in connection with renal or cerebral symptoms, constipation and abdominal pains, anemia and emaciation, anesthesia or hyperesthesia, tremor or convulsions, amblyopia and deafness, especially when attended by extensor paralysis, point to plumbum as a possible remedy.

My experience with plumbum has not been extensive, and the results, so far, not very encouraging, but it must be admitted that my employment of this medicine has been in the most hopeless cases. The lack of uniformity of action of plumbum, and the fact that the majority of a city population are daily subjected to its influence in minute doses through the water supply, may also account for an uncertainty of its therapeutic action.

Uranium nitricum is known experimentally to produce nephritis, degeneration of the, liver, high blood-pressure, glycosuria, and dropsy. Its therapeutic keynote is "great emaciation, debility, and tendency to ascites or general dropsy." In diabetes mellitus, especially with albuminuria and high blood-pressure, it is often homeopathically indicated. Hughes praised it highly for diabetes originating in dyspepsia or assimilative disorders, and by many others it is still held in high esteem for diabetes. In various organic affections of the liver Dr. Cartier reports favorable results. My own experience with the uranium has been confined to cases of diabetes, with or without albuminuria, and of interstitial nephritis, but as yet my observations have not been sufficient to warrant an expression of opinion as to its therapeuticvalue.

Tabacum has an elective affinity for the cardiac ganglia around which the vagus nerve arborizes, at first for a brief period stimulating the ganglia, thereby greatly reducing the number and force of the heart beats, and then gradually paralyzing these ganglia so that in a short time the heart action becomes quickened. This increased activity of the heart is further augmented by a direct stimulation of the suprarenal gland, and extra systoles may appear, but as depression ensues the pulse is reduced in frequency and force. The ganglionic cell stations of the vaso-motor fibers are also excited, and with the acceleration of the cardiac action, a great rise in the arterial tension occurs for a time, to give way, later, to a corresponding, or even greater, fall of blood-pressure. Atheroma, sclerosis of the smaller arteries, and even calcareous infiltrations into the walls of the vessels have been observed experimentally, and the coronary arteries are especially susceptible to its action. The suddenness and intensity of its effects corresponds closely to the manifestations of angina pectoris, for which syndrome it has been used with reputed success.

Sudden precordial anguish, faintness and nausea, chilliness, cold clammy sweat, slow and intermittent pulse, or very fast pulse, with high blood-pressure, are the leading symptoms of tabacum.

Opium produces an increase of blood-pressure only indirectly. Through depression of the respiratory center the blood is insufficiently aerated and as a result the vaso-motor center of the medulla is stimulated and the smaller blood-vessels are contracted, except those of the face and neck, which dilate. This rise of tension is counteracted by a retardation of cardiac action, a result of direct stimulation of the vagus center.

The symptoms manifest a marked congestion of the brain. These are stupor, slow and stertorous breathing, contracted

pupils ; the pulse is at first full and slow, later soft and small ; the face is flushed, then gradually turns pallid and cyanosed ; hypertension gives way to hypotension ; urine is scant and the skin moist.

Opium has proven a valuable remedy in cerebral hemorrhage, especially when the hypertension is attended by very slow and stertorous breathing.

Digitalis does not increase the blood-pressure in man to the same extent as in animals. This is attributed by Cushny to a more responsive regulatory system of vaso-motor action in an upright subject, like the biped man, habitually assuming postures variously influenced by gravity. While the vaso-motor center in man is by digitalis made to deviate but slightly from its normal control, the heart muscle is affected by digitalis in such a way as to produce a circulatory embarrassment and carbon dioxide intoxication leading to a rise in blood-pressure, just as in organic heart disease with failing compensation. Therefore, in hypertension due to valvular cardiac disease, with irregular pulse, symptoms of venous congestion, and absence of pain, digitalis is homeopathically indicated.

Coffea cruda is a powerful stimulant to the cerebrum and the muscles. The vaso-motor center of the medulla is excited, causing a considerable rise in blood-pressure. The stimulation of the vagus center is usually counterbalanced by the stimulating action on the myocardium, so that the pulse rate is but little affected, but the cardiac contractions are perceptibly invigorated. Occasionally palpitation is observed. By a direct action upon the kidneys diuresis is produced.

Coffea is indicated in those hypertensive blood-pressures due to nervous excitement, as emotions, mental overwork, loss of sleep, etc. It is well adapted to hysterical hyper-

tensions, which often manifest a remarkable but transient rise in diastolic as well as systolic pressure. The profuse urination so often following these seizures confirms the proper selection of the remedy.

No doubt there belong to this group of high blood-pressure remedies many other drugs whose hypertensive power has not yet been definitely proven, for clinically we have seen rapid decline of a high blood-pressure follow the use of remedies not here included. Among these drugs conium maculatum has to me proven of especial value. Its tendency to produce connective tissue proliferations, and such symptoms as vertigo ; weakness and dazzling of vision ; debility, especially in arms and legs, with a staggering gait ; intermittent or irregular pulse, suggest a damage to the nervous system like that of cerebral softening from arterio-sclerosis. While to my knowledge no test of blood-pressure has been made in any of our provings of conium, yet pharmacological laboratories have demonstrated that in conium we have a drug of considerable, though transient, hypertensive power. Conium has certainly proven itself worthy of further investigation.

It is very much to be hoped that in all future provings of drugs proper observance of blood-pressure changes will be made, for in the recognition of a class of hypertensive and another class of hypotensive drugs, the selection of the properly indicated homeopathic remedy for cardio-vascular diseases will be very greatly facilitated.

—*The North American Journal of Homeopathy.*

A CASE OF PLEURO-PNEUMONIA.

Babu Radha Kanta Banerji, aged 23 years, had an attack of simple cold and fever a few days back. Fever is gone but cough and cold not completely cured—sputa sometimes thick, white or muco-purulent, cough morning and evening &c. At winter season generally he is subject to this sort of cough and cold. On the whole the patient is chilly.

On the 4th January last the weather was very foul—there was a sudden change (fall of the Barometer), rains, northwind. He was exposed on his way home from office. Got fever in the evening, took no food and no medicine.

On the 5th January evening he had an attack of severe chill and pain in the left subclavian and infra-mammary region. Nature of the pain contractive, aggravated after least movement.

By and by the chill was gone, temperature rose to 105° with anguish, thirst, restlessness &c. Father (Dr. R. Banerji, Professor of Homeo : Medical College) prescribed Acon 3x every 2 hours ; after three doses there was some perspiration and the patient slept and the fever came down to 103-5, but severe pain in the chest continuing. At the latter part of the night he was attacked with a severe bonepain, from lumber region down to feet. Drawing pain relieved by hard pressure by hands or tight binding. Prescribed Bry 12, two doses. The pain was entirely gone after 2 doses on the 6th January and 7th January.

But the severe pain in the chest and cough and temperature &c all indicated an attack of Pleuritis. A few doses of Acon 30 and Bry 30 were given. The chest was examined by an able physician, Dr. Ram Lal Dey, M. B.

His diagnosis was pleuro-pneumonia (left), right side—broncho-pneumonia. Inflammation and engorgements. Not yet consolidated—or hepatised—nor any sign of resolution, sputa rusty colored,—Resp. 46, Temp. 105, pulse 130. Headache, congestion of eyes, thirst for cold water, constipation. The patient could not cough owing to the acuteness of pain, can lie only on the painful side. Sputa examined—Dr. Charu Ch. Roy. M. B., found excessive streptococci, and pneumococci &c. T. B. was also present.

On the 8th January Dr. J. N. Majumdar was called in consultation and there were several of the best Homeopathic practitioners of this town attending. He prescribed Fer. phos 6, three doses. No improvement. Afterwards he gave Kali c. 30. Headache and delirium continuing. Dr. Banerjee gave Bell 30 two doses in the night.

On the 9th, the temp. came down to 102.5. Phos 30 was prescribed on the 10th day—patient had eaten plenty of grapes and other fruits, warm water, milk &c. the whole night, rumbling of the bowels, delirium, colic, sleeplessness.

Was very uneasy for the bowels—as he could not pass wind. He feels pain in passing hands upward and downward.

He was advised to pass a glycerine suppository. Just after applying it he passed large quantity of black ball like fæces and then gradually thin yellow watery profuse stool with pus and bilious vomiting; pain in the stomach, perspiration, thirst &c.

One dose China 6x was given; diarrhœa after severe acute diseases from fruits, tympanitis and thin yellow stool.

Later Ipecac 6x was given for the vomiting. In the evening the patient slept and there was no stool, no vomiting; pulse almost thready—temp. 99.6. This was crisis—or nature cure—Natures vedrix etc.

On the 12th day Dr. Majumdar prescribed a dose of China 30, and owing to the pain of the whole body he was given a dose of Arnica 6x the next day.

Again on 12th Jany. The temp. rose to 102.5. Again Phosp 30, one or two doses. The temp. came down to 99.5, but at night moaning groaning and delirium supervened. His father prescribed Hyosyamus 30.

During the day these symptoms were less prominent—Can be amused and again fell asleep and began groaning. After a trial of two doses the symptoms abated, but not entirely gone. In the morning Dr. J. N. Majumdar prescribed Hep s. 30 seeing the muco-purulent dischage and resolution and his constitution.

He was an acrid child, impulsive (according to Dr. Kent's language), irritable, susceptible to cold or change of weather. His palms and feet perspired during mental exertion.

13th morning temp. 99 (nearly normal), cough —sputa less, not purulent, no urine, no pain in the chest, appetite increasing, less irritable, slept well.

This evening he feels inclined to move his bowels —all the groaning (no muttering delirium). The repertory of Dr. Kent was consulted and found Nux v. was indicated. (Also Opium, Hyos, Phos Mur acid) and the patient had some bad habit of taking Opium to subdue acidity or diarrhœa. We prescribed Nux v. 30 one dose. After taking it the patient slept well.

14th Jany—Chest was examined thoroughly by Dr. Ram Lal Dey, M. B. who had kindly come as a friend and detected the disease in its first stage. To day he passed this opinion ;—The chest is clear and I must say the patient has passed the crisis—and said that Homeopathy had done this sort of rapid gentle and permanent cure. Dr. J. N. Majumdar prescribed Placebo.

15th Jany—Last night the patient slept well—no moaning or groaning ; occasional dry cough (mixed with frothy mucous sputa)—No purulent matter—the pain in the chest better ; no desire for stool, good appetite, tongue clear—Dr. J. N. Majumdar prescribed Calc phos 30 for two days.

16th Jany, 1922—The chest was clear—no rise of temperature for the last six days, good appetite ; bowels opened by glyserine suppository.

Prescribed rice and milk and fish soup ; fruits (sweet and ripe and pomegranate and grapes &c.).

Peculiarity of the case—

Bryonia indicated every time failed to give relief as the patient was psoric—constitutional medicine required to bring parmanent gentle cure. After a dose of Kali carb, Phosp brought the desired effect.

Hepar was to complete the cure—Hep or Calc sulph and Calc phos—these remedies will act better in his system.

HOMEOPATHY IN CALCUTTA.

That Homeopathy is making vast progress in Calcutta, there is not a shadow of doubt. The number of practitioners is increasing every day. There are qualified and lay practioners who are doing lots of business and they are in great demand. The old hands are getting tired and exhausted by age but their places are being taken up by young blood. The number of pharmacies is increasing ; almost in every street will be found at least one shop dispensing homeopathic medicines. Some of them are making roaring business. Schools and colleges are multiplying every day and the number of students is greatly on the increase. But there is one thing we find that the cause of homeopathy is not prospering proportionately. From our younger days we used to support the lay practitioners in the same manner as we did the qualified doctors. For this act of ours we were often the subject of ridicule and chastisement.

We knew very well at the time that these lay practitioners were more energetic than the qualified doctors as a rule. We can name one gentleman who had departed this life long ago, but his enthusiasm is right vivid in our mind up to this day. Not only this man but there were others of the same type. These gentlemen had the cause of Homeopathy at heart. They worked disinterestedly because they had not taken up homeopathy as a means of their livelihood. One of these noble-hearted men was Babu Sasibhusan Murkerji. He belonged to a very respectable family and had independent means for his subsistence. But he devoted all his energy to the propoganda work of Homeopathy. Wherever he went he advocated the cause of our system of medicine. It was he who had to work very hard for establishing our Hahnemann Society, and under whose guidance the birth-day celebration of our master used to take place in Calcutta on the 10th of April every year. About fifteen days before the meeting Sasi Babu was roaming from door to door to realize subscriptions and making every other necessary arrangement for the successful meeting. His zeal was unbounded. But such zeal is not to be found at the present day. They are working no doubt and the meeting is held every year on the same day.

These are undertakings in which our esteemed friend did yeoman's service for the cause of homeopathy. He was one, and a very efficient one to help us in establishing the first homeopathic teaching

nstitution, I mean the Calcutta Homeopathic School. But we very seldom find now-a-days an enthusiast like him. We do our work now half-heartedly. This is to be deplored.

There was another gentleman Babu Joykissen Mittra. His wife we cured from a very serious disease at one time and the gentleman became a thorough believer in the homeopathic system of medicine. He gave up his employment and came to work with us for the improvement of homeopathy which gave life to his wife. He became the secretary and manager of our homeopathic school—the Calcutta School of Homeopathy and devoted all his energies to improve the condition of this institution. In fact under his fostering care the status of the school was very much improved. And what was his monitary remuneration for this business. Almost nothing to speak of. He went so far as to establish a homeopathic hospital in Upper Circular Road. Here besides the daily outdoor clinic there were beds for indoor patients. Joykissen by his indomitable courage undertook the heavy expenses of the management of this newly established homeopathic hospital. His hospital was alive and did splendid work for a long period and was closed after his sad and untimely death. Personal examples of those days of Homeopathy may be multiplied but that is not our object. We want to show that lack of enthusiasm of the present day Homeopathy in Calcutta is responsible for the want of zeal for the propagation and practice of our

system. There are homeopathic societies but few have the inclination to attend them. Our practitioners ought to know that our constant interchange of thought and experience is necessary for the advancement of our science. We are sorry they don't appreciate this.

There is another factor in the causation of apathy among the homeopathic physicians of this city at the present moment. There are two classes of homeopathic practitioners in Calcutta. One is regularly qualified—some allopathic or homeopathic diploma-holders from recognised colleges either in America, England or in this country. Another class who have no regular training in any college or institution but have learnt Homeopathy by self study and practice. There is no agreement among these two classes of practitioners here. The deploma-holder class think that the other class of practitioners know nothing about medical science as they have had no regular training any where. Thus they have a hatred for unqualified homeopaths. They look down upon them and so they don't like to associate with them in all their concern about homeopathic practice.

The other class, and among them some are very good and successful practitioners, think that these diploma-holders know nothing about the true spirit and teaching of Hahnemann. They are not masters of Materia Medica and have not properly studied the Organon, the masterly work of Hahnemann. In this way the two parties are in enmity with the progress



of proper homeopathy here. They ought to know that combined knowledge of both pathology and minute symptomatology is essential to the proper selection of medicine. Pathology is a part and parcel of Hahnemann's system of therapeutics.

They ought to know that whatever is known to the patient and whatever is discovered by the physician after a thorough physical examination of the patient constitute the true picture of the disease. In order to remove them we must exert our best and thus effect a perfect cure. The diploma-holders should know that mere pathological knowledge, the name and superficial knowledge of the disease would not suffice for a cure. They ought to study the dynamic and spirit-like nature of the illness and then they will be able to grapple with the human ailments. It is for this reason that our master was so successful in his practice. He went deeply into the spirit-like nature of the disease and prescribed according to the symptoms revealed by this agent. On the other hand, our brothers who have no opportunity of studying anatomy and physiology of the medical science and consequently are unable to grasp the internal changes occuring in organs and tissues of the body, should try to find out all these facts in the case in hand. Otherwise they canhot give a proper diagnosis and prognosis of the case in hand. If they want to follow the profession in its entirety, they are bound to give a right prognosis of the case and satisfy the patients and their friends and relatives. Otherwise they cannot command the confidence of the public.

What we want is to urge upon the homeopathic profession of Calcutta and its suburbs to cultivate true brotherhood and friendship and by their combined effort raise the standard of Homeopathy in the public eye. Here also the same rule applies—that by union we stand and divided we fall.

If you think of Hahnemann as our father and therefore we are all brothers, you cannot raise your hand against your brother practitioners. In your family circle if you have got a brother who is not educated, you cannot hate him on that account, but always entertain love and affection for him as sons of the same parents, so in dealing with your brother physicians you are to love them and have affection towards them.

P. C. M.

Obituary.

We regret to hear the news of Dr. Jogendra Nath Ghosh's death at his residence in Chorebagan. In his early years Jogendra saw the efficacy of homeopathic treatment from Babu Peary Charan Sarkar. He had a printing press at Lalbazar where this Indian Homeopathic Review was published under the editorship of Dr. Behari Lal Bhaduri. Thus he came in contact with Dr. Bhaduri who induced him to study Homeopathy. Subsequently he came in contact with Dr. Salzer who loved him and encouraged him in his undertaking. Jogendra had a strong faith in the homeopathic

medicine and used to support all our endeavours to spread homeopathy in Calcutta and suburbs.

He died at the mature age of 73 years, working up to the last day. His son is also a homeopathic physician of this city to whom and his family we extend our sympathy, in their bereavement,

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NAUSEA.

By A. B. HAWES, M. D., BRIDGEWATER, S.D.

Nausea: Alumina, Argentum nitr., Arnica mont., Bryonia alb., Cannabis sat., Causticum, Cicuta vir., Colocynth, Corydalis form., Cubebae, Cuprum arsen., Cuprum oxyd ars., Digitalis, Dulcamara, Ferrum magn., Ferrum sulph., Gelsemium, Hypericum, Iodium, Kali bich, Kali carb., Kali hydr., Lachesis, Lycopodium, Kreosotum, Mercurius cor., Oniscus asella, Opium, Plumbum acet., Pulsatilla, Nitric acid, Rhododendron, Rhus rad., Scutellaria, Secale cor., Veratrum alb., Tabacum, Actea spicata.

Nausea, accompanied with anxiety when sitting, going off when standing: Taraxacum.

Nausea, accumulation of water in the mouth, and inclination to vomit: Rhododendron.

Nausea after a meal: Chamomilla, Digitalis, Nux vomica, Stannum met.

Nausea after drinking a glass of wine: Antimonium crude.

Nausea after eating: Sanguinaria canad.

Nausea after eating, also with vomiting: Sepia.

Nausea after eating and drinking: Rhus tox.

Nausea after eating fat: Drosera rot.

Nausea after eating potatoes: Alumina.

Nausea after every heating exercise: Silicea.

Nausea after every meal: Carbo veget.

Nausea after the chilly stage and previous to the hot stage, and sometimes vomiting of bile: Arsenicum alb.

Nausea after stool: Causticum.

Nausea, also with fainting: Ophitoxicon.

Nausea almost unto vomiting: Gentiana lut.

Nausea and sinking feeling at the epigastrium: Latrodectus.

Nausea and accumulation of water: Tabacum.

Nausea and bilious vomiting: Ophitoxicon.

Nausea and bitterness in the mouth: Stannum met.

Nausea and debility after a walk: Sulphur.

Nausea and desire to vomit: Sabadilla, Sabina, Sulphuric acid.

Nausea and desire to vomit, with constipation: Magnesia carb.

Nausea and diarrhœa: Ophitoxicon.

Nausea and diminished appetite: Kali bich.

Nausea and disposition to vomit, after a meal: Conium mac.

Nausea and disposition to vomit during the chilly stage: Arsenicum alb.

Nausea and disposition to vomit early in the morning: Arnica.

Nausea and disposition to vomit, in repeated paroxysms: Tartar emetic.

Nausea and effort to vomit: Ipecacuanha.

Nausea and eructations: Squilla mar.

Nausea and eructations, after drinking: Croton tig.

Nausea and fainting: Vipera redi.

Nausea and faintness after dinner: Croton tig.

Nausea and frequent or sour eructations, with accumulation of water in the mouth, vomituration, flatulence upwards, or downwards, colicky pains and indigestion: Cinchonium sulph.

Nausea and fullness in the chest, in the morning, with an unusual hunger: Cyclamen.

Nausea and gloominess in the head: Caladium seg.

Nausea and headache : Kalmia lat.

Nausea and heaviness in the abdomen : Ipecacuanha.

Nausea and hiccough after a meal : Indigo.

Nausea and hissing in the head, vanishing of the senses : Paeonia.

Nausea and incipient paralysis of the lower limbs! : Opium.

Nausea and inclination to vomit, accompanying other complaints : Lachesis.

Nausea and inclination to vomit before breakfast, disappearing after breakfast : Berberis vulg.

Nausea and inclination to vomit, evening or night, or with tingling in the pit of the stomach: Pulsatilla.

Nausea and inclination to vomit, going off after an eructation : Camphor.

Nausea and iclination to vomit, going off in the afternoon : Camphor.

Nausea and inclination to vomit in the throat (not in the pit of the stomach) with occasional eructation (bitter) in the evening, : Belladonna.

Nausea and inclination to vomit, which is felt in the stomach in the morning after rising, with heat, anguish, rising of sour water in the mouth, accompanied with lassitude : Carbo anim.

Nausea and inclination to vomit, with eructations affording relief : Ginseng.

Nausea and languor : Berberis vulg.

Nausea and little appetite : Borax.

Nausea and loathing : Dulcamara.

Nausea and loathing, with shuddering : Asarum europ.

Nausea and oppressive headache : Conium mac.

Nausea and palpitation of the heart : Phosphorus.

Nausea and pain in the head, from the least exertion : Asarum europ.

Nausea and qualmishness in the pit of the stomach : Natrum mur.

Nausea and qualmishness in the region of the stomach : Muriatic acid, Thuja occid.

Nausea and retching : Viola tric.

Nausea and shuddering the whole day : Mercurius sol.

Nausea and sickness of the stomach at the commencement of the heat with violent throbbing headache : Eupatorium perf.

Nausea and sometimes vomiting of bile, after the chilly stage and previous to the hot stage : Arsenicum alb.

Nausea and spasm in the chest, after eating : Natrum mur.

Nausea and vertigo : Hyoscyamus.

Nausea and vomiting : Actea racem., Alumen, Anticonium crude, Arsenicum alb., Codeine, Parthenium.

Nausea and vomiting : Ambergris.

Nausea and vomiting of food : Eupatorium perf.

Nausea and vomiting of mucus : Kali bich.

Nausea and vomiting of pregnant females ; Conium mac, Nux mosch.

Nausea and vomiting of the ingesta : Amygdale amar.

Nausea and vomiting, with fullness of the head : Podophyllum.

Nausea and want of appetite, even before breakfast, more after a meal, with anguish, dizziness, obstruction of sight and white coated tongue : Carbo veget.

Nausea and vomiting, from irritation of pesseries. Nux mosch.

Nausea and vomiting, the vomiting being followed by severe chills and heaviness in the upper and lower limbs, and lacerating in the occiput : Thuja occid.

Nausea and waterbrash after eating : Ammonium mur.

Nausea and weakness : Sepia.

Nausea, apparently in the throat : Apis mel.

Nausea, as after tasting an emetic : Silicea.

Nausea, as from a deranged or empty stomach : Kali carb.

Nausea, as from a deranged stomach, early in the morning : Baryta carb.

Nausea, as from excessive heat : Nitric acid.

Nausea, as after long fasting : Spigelia.

Nausea, as if arising from great in the body : Pulsatilla.

Nausea, as if he would faint, subsiding when lying down in the evening : Kali carb.

Nausea, as if he would vomit, from morning till noon : Asafœtida.

Nausea, as if in the palate : Phosphoric acid.

Nausea, as if in the throat : Rhus tox.

Nausea, as if proceeding from the stomach, with empty eructations, and an accumulation of a quantity of saliva : Ipecacuanha.

Nsusea, as if the stomach were overloaded with fat things : Taraxacum.

Nausea, as if vomiting would succeed : Sanguinaria canad.

Nausea, as the chill goes off : Eupatorium perf.

Nausea at every meal : Carbo veget.

Nausea at night : Carbo veget., Lachesis.

Nausea at night on closing the eyes, with vertigo : Theridion.

Nausea at the stomach, especially after a meal : Bismuth.

Nausea at the stomach, morning or forenoon, going off after dinner : Natrum carb.

Nausea at the stomach, with tremor, exhaustion, debility in the whole body : Zincum met.

Nausea before breakfast : Sepia, Spigelia.

Nausea before, during and after the catamenia : Symphoricarpus.

Nausea before going to bed, which is always better after lying down : Echinacea angust.

Nausea, colic : Rheum.

Nausea, could not eat : Echinacea angust.

Nausea, cutting in the abdomen, retching with urging to diarrhœa, vomiting of food having a sour taste, with great exertions, trembling of the body : Tartar emetic.

Nausea, difficult breathing, heavy, pale tongue : Morphium acet.

Nausea, drowsiness : Ranunculus bulb.

Nausea during a walk, with great lassitude all over : Angustura vera.

Nausea during the menses, or pregnancy, especially with constipation : Nux vomica.

Nausea during pregancy : Sanguinaria canad.

Nausea early in the morning : Hepar sulph., Nux vomica.

Nausea early in the morning, after rising : Magnesia mur.

Nausea early in the morning on waking, followed by vomiting of food. bile, and mucus, afterwards diarrhœa, consisting of bile and feces : Asparagus.

(*To be continued.*)

—*The North American Journal of Homeopathy.*

THE INDIAN
HOMEOPATHIC REVIEW.

A monthly journal of Homeopathy and
collateral sciences.

"The knowledge of disease, the knowledge of remedies and the knowledge of their employment constitute medicine."

—HAHNEMANN.

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THE PROPOSED HOMEOPATHIC MEDICAL EXAMINING BOARD OF INDIA.

Finding great defects in the teaching and conferring of degrees by our homeopathic schools and colleges in this country, Dr. P. C. Majumdar proposed to establish a Medical Examining Board under the guidance of which our students are to be properly taught and required to pass their examination. With this view in mind Dr. Majumdar submitted a scheme to the members of the Calcutta Homeopathic Society three years ago. But it was not earnestly taken up by the homeopathic profession in Calcutta. Now some of the authorities of our schools and colleges approached Dr. Majumdar and asked him to renew the proposal. We give below the aims and objects of this much needed Medical Examining Board, and hope it will be an accomplished fact this time.

1. The Board shall be appointed by the majority of votes at a special meeting convened for the purpose. It is to be called the Homeopathic Examining Board.

2. The Board shall consist of not less than three and not more than twelve members.

3. Members of the Board shall be teachers, examiners or other qualified persons who have special knowledge of the Practice of Homeopathy in India.

4. Members of the Board shall be appointed for one year and shall be eligible for re-appointment.

5. There shall be (*a*) a President, (*b*) a Vice-President, (*c*) a Registrar of the Board. These officers shall be elected by the majority of votes at a special meeting called for the purpose.

6. The Registrar shall convene the meeting giving notice of at least fifteen days before the meeting.

The Registrar shall keep the records of the meeting.

7. Every meeting of the Board shall be attended by the President or in his absence by the Vice-President and the Registrar. Three members present shall constitute a quorum.

8. The duties of the Board shall be (1) to recommend to the authorities of the affiliated colleges the books of studies for the examination with which the Board is concerned, (2) to recommend for the guidance of teachers and students books in which the prescribed subjects are treated, (3) to furnish the authorities with names of examiners appointed.

REGISTRAR.

1. The Registrar shall be an officer of the Board with a fixed salary, and shall be appointed at the annual meeting.

2. His salary shall not be less than one hundred rupees a month. He shall be a graduate of a recognised medical college.

3. The duties of the Registrar shall be (1) the custody of the records, library, common seal and all other properties of the Board, (2) to act as a secretary of the Board, (3) to conduct official correspondence, (4) to perform such other works concerning the Board as may arise from time to time.

EXAMINATIONS.

Any student of an affiliated institution may be admitted to the final examination of the Board, provided he has fulfilled the following conditions :

1. The candidate should be known to be of good moral character.

2. He will be required to complete the courses of study in the institution from which he comes ; and his deportment during his course of study must have been satisfactory.

3. His attendance upon all branches of lectures, clinics and other instructions in each of the courses of the curriculum must have been in accordance with the requirements of the Board.

4. The time of study must have been from three to four years' course.

5. The candidate must be of 21 years of age.

The above conditions must be countersigned by the Principal or the officer in charge of the duties of the college from which the candidate appears.

6. The candidate must have attended the clinics of the Calcutta Homeopathic Hospital for a period of not less than six months.

7. The candidate must have duly passed all previous examinations of the college. The examination for the degree authorized by the Board shall be held in the following subjects.

1. Materia Medica and Therapeutics.
2. Theory and Practice of Medicine.
3. Hygiene and Physical diagnosis.
4. Surgery.
5. Medical Jurisprudence.
6. Gynecology and diseases of women and children.
7. Eye and Ear diseases.
8. Clinical medicine.
9. Organon of Hahnemann.

A fee of Rs. 25 twenty-five must be deposited by every candidate with his application to the Registrar.

A graduation fee of five rupees must be sent by every successful student for the grant of his certificate or of a copy of the same.

EXAMINERS.

Examiners should be selected either from the members of the Board or one from each institution if possible.

They are to be selected by the majority of votes in a meeting of the Board convened for that purpose.

They must be graduates of some recognised college either of this country or of Europe or America.

Examiners shall send to the Board within one month of the examination the marks assigned to the papers.

There shall be a meeting of examiners and members for the Board whose decision will be final.

The result will be published in all the newspapers within a week after the result is out.

SCIATICA.

Symptoms.—Onset is usually gradual. Very severe pain is felt along the course of the sciatic nerve, sometimes upto the knee and sometimes upto the ankle. Generally the pain is increased by firm pressure. Sometimes fever is present. Patient suffers most at night. Walking is difficult, knee is bent. There may be tremors, twitching and clonic spasms. The duration of the disease varies. It is a very obstinate disease and may continue for months. One nerve may recover and in other neuralgia may appear. This disease is very troublesome.

Causes.—Exposure to cold and wet, and over-exertion, often there will be a history of gout or rheumatism. Long continued pressure by sitting in uncomfortable manner may be the cause of sciatica. Constipation, and thus pressure of the accumulated stool. Tumor along the nerve sheath. Syphilitic or rheumatic affections of the nerve sheath.

Diagnosis—From muscular pain. In muscular pain the pain is not limited to the course of the nerve, while it is limited in sciatica, affected by the motion of the limb. In sciatica the pain is increased every time when clearing the bowels.

Treatment—Warm bath or application. Friction, medicines for keeping the bowels free.

Aconite—Sciatica from exposure to cold, dampness and from suppressed perspiration. Benumbing pain as the parts were going to sleep.

Ammon mur—When the pain is worse by sitting, somewhat relieved by lying down.

Arsenic alb—The pain is marked by complete intermission. It is aggravated at night, unbearable towards midnight. It is increased by vigorous and relieved by gentle motion. Cannot lie on painful side.

Belladonna—Inflammation is high and pain comes on suddenly. The course of the nerve is very sensitive to touch, and he cannot bear the clothing. Relieved by letting the limbs hang down and warmth. Wants to sleep but cannot.

Colocynth—Right side pain, which is drawing and tearing. Better by pressure and heat. Worse by gentle touch. Sharp shooting pain in the sacral region. Worse by motion. Numbness after pain.

Gnaphalium—Very severe dull cutting or burning pain outside the thigh. Numbness and pain often alternates. Worse lying down, by motion ; better by sitting in the chair.

Nux vom.—Drawing tearing pain from below upwards. Pain is relieved by hot water.

Feel better lying on painful side. Worse early in the morning and during stools. Often constipation.

Rhus tox—In long standing cases, especially when it is caused by wet, straining, or by lifting. Formication and paralytic stiffness of the limb. Worse during rest or when beginning to move, in open air. Better by continued motion, and dry heat.

In one case I have got good result from Gnaphalium 30 internally and Carbonicum. Sulphuratum for local application.

Also the following remedies must be thought of :— Kali-iodatum ; Pulsatilla ; Chamomilla ; Teribinth ; Arnica ; Ruta ; Bryonia ; Ledum pal ; Kali bich ; Colchicum ; Viscum album ; Lycopodium ; Plumbum and Coffea.

Bhagwan Datt Dhupar,
Final year student,
Calcutta Homeo : Medical College.

NAUSEA.

(*Continued from page* 32, *No.* 1, *Vol. XXXI.*)

Nausea early in the morning, when fasting, with palpitation of the heart and anxiety: Baryta carb.

Nausea, early in the morning, with chilliness : Bovista.

Nausea, early in the morning, with diminished appetite: Calcar ea carb.

Nausea, early in the morning, with qualmishness of the stomach : Carbo veget.

Nausea, early in the morning, with sensation in the stomach as of fasting : Anacardium.

Nausea, eructations, inclination to vomit and rumbling in the stomach : Indigo.

Nausea, especially after midnight : Renunculus scelerat.

Nausea, especially after a meal : Angustura vera.

Nausea (even from thinking of a nauseating object) : Drosera rot.

Nausea every morning : Sulphur.

Nausea every morning, also with headache, and pain in the eyes on turning them : Silicea.

Nausea every morning before breakfast : Lycopodium.

Nausea, feeling of fullness : Sabina.

Nausea, followed by constant pressure at the cardiac orifice : Oniscus asella.

Nausea for several hours : Graphites.

Nausea, followed by vertigo, and attended with flushes of heat, spasmodic pulse, and great languor : Zincum oxyd.

Nausea from derangement of digestion, also during pregnancy : Iris vers.

Nausea, great uneasiness, and vomiting : Lobelia.

Nausea, going off after lying down : Silicea.

Nausea, heaviness and pressure in the stomach : Argentum nitr.

Nausea immediately after a meal : Natrum mur.

Nausea in the forenoon, with inclination to vomit : Calcarea carb.

Nausea, inclination to vomit, and vehement thirst : Belladonna.

Nausea in the stomach : Belladonna.

Nausea in the region of the stomach : Baryta carb.

Nausea in the stomach and throat : Aurum met.

Nausea immediately after a meal, with heaviness of the head, and bitter eructations : Natrum mur.

Nausea in the throat, followed by heat all over, mostly about the head, with redness of the face, without thirst : Argentum met.

Nausea in the morning, with creeping in the stomach, water in the mouth, and eructations : Natrum carb.

Nausea in the epigastric and hypogastric regions : Croton tig.

Nausea in the evening, pressure on the sternum, and labored breathing : Ranunculas bulb.

Nausea, hissing in the head, vanishing of the senses : Pæonia.

Nausea immediately after rising, with spasmodic pain in the stomach : Jodium.

Nausea in the chest and stomach, going off after sleep : Rhus tox.

Nausea in the afternoon, with sour eructations : Lycopodium.

Nausea in the pharynx and stomach after a meal, unto vomiting, with accumulation of water in the mouth : Lycopodium.

Nausea, inclination to vomit, ptyalism, roughness of the throat : Gummi gutti.

Nausea, in paroxysms : Lachesis.

Nausea in the forenoon, alternating with increase of appetite : Nux mosch.

Nausea in the stomach : Senega.

Nausea in the stomach, with vertigo, oppression in the pit of the stomach : Phosphorus.

Nausea in the chest, with canine hunger : Rhus tox.

Nausea in the morning, with accumulation of water in the mouth : Petroleum.

Nausea in the region of the stomach : Rheum.

Nausea in the afternoon, sometimes with headache : Ranunculus bulb.

Nausea like seasickness : Kali bich.

Nausea, loathing, inclination to vomit, in the stomach : Phellandrium.

Nausea, almost unto fainting, going off in the open air : Tabacum.

Nausea on waking in the morning, accompanied with empty eructations : Bryonia alb.

Nausea of pregnant females, with spitting, and chilliness through the whole body, as if she would vomit, with burning in the mouth : Kreosotum.

Nausea on moving about, relieved by lying down : Kali bich.

Nausea, particularly in the throat : Nitric acid.

Nausea, occasioned by a sensation as if mucus were in the throat : Guaiacum.

Nausea on waking in the morning : Digitalis.

Nausea of pregnant females : Sepia.

Nausea on rising, immediately followed by copious vomiting, of very sour ingesta, attended with cramps in the stomach : Triosteum.

Nausea, qualmishness in the morning and afternoon : Arsenicum alb.

Nausea, resembling hunger : Argentum nitr.

Nausea relieved by eating : Kali bich.

Nausea rising from the abdomen to the chest, after breakfast, with burning, resembling heartburn : Paris quad.

Nausea shortly after the bite : Crotalus.

Nausea soon accompanied by headache : Rhus rad.

Nausea the whole day : Sepia.

Nausea to fainting : Sulphur.

Nausea unto vomiting in the region of the stomach : phosphoric acid.

Nausea, vomiting, oppression of the chest, pain in the stomach and abdomen : Mercurius precep ruber.

Nausea, vomiting, bloody slimy stool : Veratrum.

Nausea, with accumulation of mucus in the mouth : Nux jug.

Nausea, with accumulation of water in the mouth, like water-brash, or with eructations tasting of the ingesta : Cyclamen.

Nausea, with aching pain in the head, and disposition to sleep : Morphium acet.

Nausea with anguish : Calcarea carb.

Nausea with fainting spells : Calcarea carb.

Nausea with anxiety and trembling : Nitric acid.

Nausea;with anxiety whenever he attempts to drink or sits down : Bryonia alb.

Nausea, waterbrash and vomiting : Sabadilla.

Nausea, with bitter taste on the tongue : Sabadilla.

Nausea with bitterness in the throat, without vomiting : Sepia.

Nausea with chilliness : Sulphuric acid.

Nausea with coldness of the whole body : Ophitoxicon.

Nausea when eating, as if he would vomit : Ferrum acet.

Nausea when riding in a carriage ; Lycopodium.

Nausea which continues after the vomiting : Digitalis.

Nausea while eating : Carbolic acid, Sabadilla.

Nausea while eating, the food becoming repulsive : Pulsatilla.

Nausea while eating, with loathing of food : Cantharis.

Nausea while riding in a carriage : Sulphur.

Nausea while walking : Rhododendron.

Nausea with contractive pain in the bowels : Oleum anim.

Nausea with cutting pain in the abdomen : Agaricus musc.

Nausea with desire to vomit : Sulphur, Sulphuric acid, Valerian.

Nausea with desire to vomit, before dinner, passing off soon : Cinchoninum sulph.

Nausea with desire to vomit every morning : Staphysagria.

Nausea with desire to vomit, without being able, relieved by eating : Bromine.

Nausea with disposition to vomit : Cinnabaris.

Nausea with dryness of the tongue, violent headache : Corallium rub.

Nausea, with emptiness of the stomach, and sensation as if the head were distended : Mephitis put.

Nausea with eructations : Kali chlor, Petroleum, Sulphur.

Nausea and eructations (empty and bitter) : Chininum sulph.

Nausea with eructations of gas : Echinacea angust.

Nausea with fainting turn : Calcarea carb.

Nausea with fainting tremor, followed by heat and shuddering : Arsenicum alb.

Nausea with faintness, followed by general chilliness, with prostration : Rhus rad.

Nausea with feeling of burning heat in the face : Strontium carb.

Nausea with flatulence : Indigo.

Nausea with great anguish : Arsenicum alb.

Nausea with gulping up of bitter mucus : Sabadilla.

Nausea with hunger, and pressure in the region of the stomach, while eating, disappearing after eating : Veratrum alb.

Nausea with hunger early in the morning : Phosphorus.

Nausea with inclination to vomit : Ammoniacum, Chininum sulph., Cuprum met., Gratiola, Kali nitr., Mezerium, Phosphorus, Pulsatilla.

Nausea with inclination to vomit, accompanied with writhing, and turning in the stomach : Natrum mur.

Nausea with inclination to vomit after a meal : Drosera rot.

Nausea with inclination to vomit, and loathing at night, with restlessness and tossing in bed : Magnesia sulph.

Nausea with inclination to vomit, and scraping in the throat: Drosera rot.

Nausea with inclination to vomit at night, and rumbling in the abdomen as if diarrhœa would come on: Apis mel.

Nausea with inclination to vomit, especially when about to eat: Belladonna.

Nausea with inclination to vomit, in the stomach and chest: Illicium.

Nausea with inclination to vomit, when standing: Alumina.

Nausea with inclination to vomit, with flow of saliva, dryness of the throat, uneasy turning from side to side, great absence of mind, and sinking of strength: Colcium.

Nausea with inclination to vomit, with pressure in the forehead, and a quantity of water accumulating in the mouth: Asarum europ.

Nausea with inclination to vomit, with raising of a frothy liquid: Calcarea caust.

Nausea with loathing, or excessive thirst, during a meal: Cantharis.

Nausea with oppression of the stomach after a meal, followed by drawing pain around the umbilicus, from above downwards: Carbo veget.

Nausea with oppression of the stomach and disinclination to eat: Ammonium mur.

Nausea with pain in the stomach: Mezerium.

Nausea with profuse secretion of hot saliva: Taxus baccata.

Nausea with ptyalism: Sabadilla.

Nausea with ptyalism, in the evening before going to bed, or in the morning on rising: Bryonia.

Nausea with retching: Sabadilla.

Nausea with retching and vomiting of a bitter slimy fluid: Zincum met.

Nausea with sensation of hunger and loathing of food : Hellebore niger.

Nausea with scraping of the palate : Mephites.

Nausea with sensation of burning in the stomach, immediately : Nux jug.

Nausea with sensitiveness of the stomach : Oleum anim.

Nausea with shaking : Euphorbium.

Nausea with sourish taste in the mouth : Zincum oxyd.

Nausea with strangling sensation in the œsophagus : Alumina.

Nausea with stupefying pressure in the forehead : Drosera rot.

Nausea with uneasiness and anguish : Ignatia.

Nausea with vertigo : Antimonium crude.

Nausea with vertigo, dullness of the head, and confusion of thought : Calcarea carb.

Nausea with vomiting and thirst : Vipera torva.

Nausea with vomiting of the ingesta, accompanied with faintness, swoons and loss of consciousness : Calcarea carb.

Nausea without vomiting or without stool ; Arnica montana.

A. B. Hawes, M. D.

—*The North American Journal of Homeopathy.*

SPERMATORRŒA.

Def. & Symptoms.

It means involuntary discharge of the seminal fluid. It may occur during sleep or in the daytime and in advanced cases from the slightest friction or irritation of the genital organ. The patient will be timid, restless,

listless, and despondent, headache, giddiness, noises in the ears, defective eye-sight, dilated pupils, palpitation of the heart and shortness of the breath. His memory will become weak, he will hesitate and often stammer while speaking. He wants to live alone, he will be tired of life, and he will think of killing himself (suiciding.) The result of the disease will be impotency and nervous diseases.

Causes.—The main causes are :—

(1) Sexual excesses,
(2) Masturbation,
(3) Bad society,
(4) Reading of bad novels,
(5) High livings,
(6) Hæmorrhides,
(7) Fissures and stricture of the annus.

Prognosis—When it is due to stricture of the anus, or emissions occurring mostly in the night, or due to high living, the prognosis is good. But when the discharge takes place from the slightest touch or friction, the prognosis is bad.

Treatment—If the emissions are due to bad thoughts, bad company, or from reading love novels or such like things, the cause must be avoided.

In the evening light food should be taken, and the patient must clear his stomach and bladder before going to bed ; he should not sleep on his back, and moreover he should not place his hand or hands on his chest as by these things he will have dreams at night.

Patient ought not to take hot milk before going to bed.

When the discharge occurs once or twice in a month, then it is not a disease, but when it occurs twice in a week, then the case should be taken in hand.

A man suffering from spermatorrhœa must not take stimulants *e. g.* wine, onions and such like things.

Medicinal—

Acid phos—When there are emissions occurring in the night, semen escapes too soon during coition, parts relax during embrace, formication of scrotum and milky urine. It must not be used when general irritability is present. Use high potencies, low often fails.

Gelsemium—Spermatorrhœa without erections. Genitals cold and relaxed. The emission occurs from the slightest exertion or excitement, without bad dreams and due to masturbation, emission during stools.

Agnus castus—Suits old men. "Old Sinners." Great desire but impotency. Coldness of the organ. Premature old age in young persons due to sexual indulgence, fluid is very thin. Semen passes with hard stool.

Calc. carb—Frequent emissions with great desire ; semen will be discharged too quickly. Burning and stinging while semen discharges during coition. Coition will be followed by weakness and irritability. Night sweat follows every emission.

Nux vom—Bad effects of early masturbation and

liquors. From high living. with backache, burning in the spine. Emissions mostly towards morning. Increase of smegma.

Staphysagria—Specially after masturbation. Always thinking about sexual matters. Guilty look, sunken features. Emissions with backache and weakness. Excessive sleepiness. Constant loss of seminal fluid and impairment of sexual desire. Dyspnœa after coition.

Conium—When the nocturnal emissions are brought on by suppression of sexual desire. Premature senility. There is pain in the testicles and also atrophy.

Lycopodium—Complete impotency ; mental, nervous, bodily weakness ; no erection or imperfect emissions without erections. Old man's balm.

Selenium—Emissions may be voluntary or involuntary, but the patient will become very weak. Semen dribbles involuntarily. Impotency, lewd thoughts, but physically unable. Erections slow and insufficient. Lack of confidence.

Sulphur—When the patient feels much weakness after the emissions, the seminal fluid is thin, watery and has lost its chief properties. Cold feet and heat on the top of the head. Penis relaxed, with dull pains in the testicles. Complete prostration and loss of sexual desire is the keynote of Sulphur.

Zincum—Abuse of sexual organ. Pale sunken face with blue rings around the eyes. Local irritation. Drawing up one or both testicles up to spermatic cord. Nervous system disordered, patient is restless, sleepy, miserable.

While I was a student in Central Homeopathic Medical College, Lahore, I cured some cases among the poor people with (1.) Sabal Serrulata (Salix nigra) (2.) Saw Palmetto, (3.) Damiana (Turnera).

Also the following remedies must be thought of :— Phosphorus, Picric acid, Dioscorea, Digitalis, Caladium, Sepia and Sarsaparilla.

Bhagwan Datt Dhupar,
Final year Student,
Calcutta Homeo : Medical College
Calcutta.

ECZEMA.

The name eczema is applied to certain forms of dermatities. It may arise from external irritation or from internal toxæmia, and may run sometimes acute or chronic course, presenting a red excoriated surface, which is more or less covered with crusts associated with non-marginated swelling.

The chief characteristic of eczema is weeping (a serous exudation) which may present different appearances at different stages. In eczema are seen, at different stages, three primary and three secondary lesions of the skin :—1. erythema 2. Papules 3. Vesicles 4. Crusts 5. Scales and 6. Fissures.

In acute or first stage there is erythema with papules, tiny vesicules which readily rupture causing a serous exudation. After 2 or 3 days (a sub-acute

stage) we may notice that the skin is more or less swollen, with excoriation and crusts.

Then if it passes to chronic stage, the discharge decreases or is almost absent leaving a thick irregular scaly patch.

Any part of body may be affected but generally its seat is in the flexor aspect of limbs and joints. The patient complains of burning, itching and throbbing pain.

Causes— Divided in two (1) Local. (2) Constitutional.

Local Causes :—

Eczema is generally produced by irritation, such as a mustard plaster, turpentine, soaking the hands in water containing soda (as in a case of washerman.)

Eczema may form around the eyes caused by tears and excessive sweat may produce the condition. It may affect mucous orifices whence irritating discharge issues (Nose, Anus).

Constitutional causes.—

Eczema may occur as a complication of diabetes, renal disease or dyspepsia, gout &c. In cases of eczema, leucorrhœa may be present and often we get sugar and albumen (if dropsy is present) in urine.

(To be continued.)

INTERNATIONAL HOMEOPATHIC COUNCIL.

AN ADDRESS BY THE VICE-PRESIDENT, DR. GEORGE BURFORD.*

In the name, and by the authority of the International Homœopathic Congress, I bid you welcome! For the Congress, our ruling confederation, is the overlord whose plenipotentiaries we are, and at whose behest we keep watch and ward in the interest of world-homœopathy in the interval between the Œcumenical assemblies.

If in the science of therapeutics we claim to be pioneers, so also in organization and polity we have long recognized the suzerainty of a world-wide fellowship; and now we find the principle of internationalism held up as the saviour of human society, the essential and necessary bond for civilized life and progress, the friend of each of its constituent members. Truly may we rejoice and be glad that our recognition of this fundamental canon was early and has endured; as in the greater sphere of social existence, so also in the lesser range, the fraternity of homœopathy, all races and all countries are invited into the circle of international co-operation.

Our last meeting was a twelvemonth since at the Hague; and the representatives of internationalism in homœopathy present were fit though few. It is cause for acute regret that the leader of our deliberations then and there, Professor Sutherland, has been unable to give his counsel and dynamic in person to our consultations today. I am charged to convey to you that none regrets this inability more profoundly than himself; but the inexorable stress and strain of A.D. keep him in person on the other side of the Atlantic. Our President writes concerning Hahnemann that, "I am sure I have learned the

* Delivered at the Annual Meeting of the Council held in London, on Thursday, October 6, 1921.

best I have in medicine from reading his works." Next comes an *obiter dictum* : "I realize, however, the weakness of organized homeopathy. I feel one simply *must* do more constructive work than has been done in the last half century, and *must* pay more attention to our literature. No science or art can make any advance whatever to-day that does not have a live literature. I have wanted you to know that I have been thinking of the meeting of the Council and the proposed International Congress, and that these matters are more or less continuously in my mind."

At the Hague Council it was apparent that the international movement in homeopathy, whose activity was suspended by the Great War, had revived, and was further notably activated by the meeting there. It was plain and palpable that the genius of our cause was discharging its highest function as healer of the woes of nations ; and that in international homeopathy we rose to a purer æther and sublimer air, high above the discords of politics and militarism. I still consider that in this wide working of homeopathic internationalism there is a potency of high ethical quality, which makes for union and mutual understanding among diverse nationals, meeting with one mind on the supremacy of homeopathy as a healer of the sick.

Nor may we be discouraged because of rifts in the lute which should sound the harmonies of confraternity. Our meeting in this place to-day is the outward and visible sign of just such a discord, when the high place of international homeopathy was invaded by the jarring strains of national politics and militarism—the Divine Art of healing made subservient to the cross-currents of national antagonism. And let it be remembered that this spirit of intolerance, though ostensibly emanating from patriotic sentiment, is founded on no principle, has no finality in its manifestation, must b

abrogated at some time or another, and why not now? In the interim the cessation of international relations involves those of homeopathy in its fell cycle, and puts an embargo on the progress of the homeopathic [cause. Of the work for the behoof of homeopathy that lies before our internationalism to do, there needs no demonstration. There is the creation of the sense of need of internationalism in homeopathy among us; how defective is that sense the numbers representing a world interest present in this room to-day sufficiently testify. How necessary is the awakening of this sense, one may specify, in the language of an eminent Victorian, that the whole is in human life mightier and greater than the sum of the parts. There is the need for calling into being a literature of international value and use, for the introduction to the principles and practice of homeopathy of the practitioner hitherto unwitting of their values. Many countries do not possess among their own literary product any work in homeopathy of accredited value which could be used as such a bridge. Much less does homeopathy possess as yet a volume representing the applied science of the Organon, the standardized product of several of the best minds among us fitted for international service at any place and time.

The further amplification and maintenance of status of a recognized homeopathic school, is still an onerous duty. We point with pride to our Hospital organization and our Lecture Sessions. Why are not these establishments thronged in the pursuit of knowledge, as is the ease with the university institutions of this country?

Again, why does not our London Institution—the largest of its kind in Europe—draw to itself the new graduates of other European countries, desirous of studying homeopathy at the fountain-head? Withi; quite recent times I have received two communications from young men who had left

respectively Sweden and Switzerland to study homeopathic practice in the American schools. Cannot we do as well ?

The Hospital provision for the public institutional work of homeopathy lags deplorably in various European and other countries where homeopathy has already found footing in private practice. The requisite stimulus and counsel might and ought to be provided in every case by the International Homeopathic Council. Homeopathy is in every civilized country what its institutions make it : and I suggest that the homeopaths of every city where homeopathy is practised but lacking a hospital be urged by this Council to see to it that the defect be made good. It is not a matter of dollars, it is a defect of public spirit. In these words I have summarized the type of work always before the Council.

To-day we have as specific work the consideration of an appeal from certain colleagues in Russia to lend them our aid : and here again I would insist that no considerations of politics or financial obligation or racial prejudice be allowed to intervene, or even to slow the wheels of our response. Homeopathy has in its hands the repair of sick humanity ; and no call takes precedence of this.

Next you are called to consider the desirability, nay the necessity, of creating an International Homeopathic Council Exchequer. For some time past the Council's bankers have received no fresh funds : the last substantial donation came from Russia during the war. Before the war the Council was quite properly subsidized by various of the Homeopathic Societies in Europe. A plan will be submitted to you for the supply of the necessary dynamic for the Council's wheels to go round.

Now falls to be considered the suggested time and place of the next International Homeopathic Congress. At the London Œcumenical meeting in 1911, the city of adoption,

on the invitation of the German colleagues, was Berlin. War and the aftermath of war have effectively prevented the projected foregathering of homeopathic physicians, up to present date, in the capital city of Prussia. Nor is there the least likelihood of the statutory meeting in any international sense taking place in that city or in any city in that country in the immediate future. It is quite outside the range of practical politics. And the same political difficulties attach—such is the legacy of war—in greater or less degree to every country of first rank in Europe. Our experiences at the Hague last year—and since—make this quite clear. If we decide that an International Homeopathic Congress should be summoned in the near future, for the furtherance of the vital interests of homeopathy, there is no manner of doubt that the goddess of national hospitality must be approached in the New World, where representatives of all the nations recently warring with each other in Europe live a civic and international life under one flag. There no difficulties need arise as to the inclusion of natives of all countries from Alpha to Omega. These are already domiciled in the United States of America, and in the Annual Meeting of the American Institute of Homeopathy all homeopathic physicians of whatever rank, being American citizens and duly elected members, may take part. Our difficulties of nationalism are there cancelled. But I must ask you to be quite clear in your minds that an International Homeopathic Congress in the near future can consolidate the organization of homeopathy, or ingeminate new activities, better than at a later date. And remember that the Congress to carry weight must be really and truly international.

Gentlemen, the homeopathy of the world is now part of the new order of things, and we must grow with the growth of internationalism or lapse into inactivity because of our

provincialism. We want our parabola of growth to describe a mighty curve in the spatial extension of medical science, and now, when futures are in the making, our future should be made. And to the magnification of this curve intersecting the whole clinical history of the human race, you and I can lend our aid, here and now.

—*The British Homeopathic Journal.*

NOTES OF A SERIES OF CASES SHOWING THE ADVANTAGES OF HOMEOPATHIC TREATMENT IN GASTRIC AND ALLIED DISORDERS.*

By THOMAS PEARSON, M. R C. S. Eng., L. R. C. P. Lond.

Mr. President and Gentlemen,—I think an apology is due to you this evening, for this short paper, by one so inexperienced in the art of homeopathy. But I cannot accept the whole responsibility for this liberty, the greater part being due to Dr. Hall-Smith, who has persuaded me to give an account of the treatment of some chronic gastric cases. I think you will agree that this liberty is justified by the results of homeopathic treatment.

On looking through my case-book recently, I was greatly impressed by the success of argent. nit. 6 in the treatment of hyperacid stomachs, and now I have come to regard this drug as a specific in gastric ulcer and catarrh of the stomach. Within the last twelve months I have treated about eight cases of gastric ulcer and one duodenal ulcer. Some of these cases gave me some real anxiety on account of hæmorrhage, severe pain and perforation.

Under homeopathic treatment all these cases have cleared up without any recurrence of symptoms up to the present.

Four of the cases I treated on allopathic lines, with the

* Paper read to British Homeopathic Society, November 3, 1921.

ordinary drugs such as bismuth, soda, oxalate of cerium, and argentum nitratis, but was compelled to discontinue the treatment on account of failure as to improvement. They began to improve immediately on taking argent. nit., potency 6.

The *orthodox treatment*, as we have been taught, is to enforce prolonged rest to the stomach, keeping the patient in bed perhaps for weeks, a special diet, and in some cases rectal feeding. The use of drugs, such as bismuth. soda, oxalate of cerium, and silver.

Dr. Hare, in his text-book on "Practical Therapeutics," strongly recommends argentum nitratis B. P. gr. ¼ in pill form, half to one hour before food, for pain, vomiting, sour eructations in cases of gastric ulcer and catarrh of the stomach.

Personally, I have been disappointed in nearly every case in which I have used the B. P. preparation of silver.

With *regard to rest*, Professor Osler says ("Principles of Practice and Treatment") that treatment should last three months at least (most of the time the patient being kept in bed.)

Dr. H. P. Hawkins, at a meeting of the Royal Medical and Surgical Society (*Lancet*, December 8, 1906), said the time usually allowed for consolidation of repair of an ulcer was quite insufficient, and an important preventive step would be its extension to a minimum of six months.

It has been my practice in all cases of gastric ulcer with severe pain and hæmorrhage, to stop all solid food by the mouth, and institute rectal feeding, but all rectal feeding is a starvation diet, and, according to some authorities, should never be too long contiuued, as an ulcer cannot be expected to heal if the sufferer from it is starving.

In all my recent cases, except one, I have not resorted to rectal feeding, but my rule is now to put the patient immediately on argent. nit. 6, and it is striking to see how the

symptoms clear up so quickly. The appetite increases, they are able to take ordinary food after a week or two, and have a sense of well-being, and finally, increase in weight.

Case 1.—Male patient, aged 45. Commencement of illness, early part of last March. He complained of pains in stomach (from one to two hours after meals), spreading to the back of right shoulder, accompanied by a feeling of distension and belching. The patient consulted me a fortnight after the onset of illness, and on examination found the patient becoming greatly emaciated ; I found several carious teeth and tartar deposit at the back of the lower incisors.

Examination of Stomach.—The abdomen appeared distended in the upper part, and an area of pain was elicited on pressing on the transpyloric line about one and a half inches to the right mid-line. There was no pain over McBurney's point. I gave him bismuth, soda and morphia, and prescribed special diet, but this gave no relief, and he gradually got worse. An X-ray was taken by Dr. Knox, of 38, Harley Street, and his report was made on May 12, 1921, as follows :—

Examination of Stomach and Duodenum.—"Stomach shows a constriction about the middle with marked irregularity on the greater curvature. Opposite this an irregular area on the lesser curvature. There is a prominent bulge of opaque food. This indicates the presence of a penetrating ulcer. The stomach empties fairly well, there is persistent residue in the area indicated. There is some spasm of pyloric end of stomach. The indication is that there is a chronic ulcer on the lesser curvature. The irregularity on the greater curvature is suggestive of infiltration or thickening of the wall of the stomach."

Dr. Knox suggested a gastro-enterostomy. The patient was put to bed on account of increasing pain and sickness and rapid emaciation.

All feeding by mouth was suspended, except half a teaspoonful of Brand's essence of beef, and this sometimes gave slight pain.

Rectal feeding was instituted, Burroughs Wellcome and Co.'s enules of beef being used ; pain slightly diminished, but flatulence continued. I put the patient on argentum nit. 6. Two minims were given three times daily. All the symptoms rapidly cleared up under this treatment. Mouth feeding was renewed within ten days. The diet consisted of Brand's essence, ovaltine, milk, eggs and lightly boiled chicken.

The patient was sent into the country during the month of July, but continued taking argentum nit. 6 once a day. His weight rapidly increased, and he reported that he has no signs of his old trouble. Feels quite fit in every way, and taking ordinary diet ; medicine has been discontinued.

This case would certainly have been submitted to gastro-enterostomy but for the timely use of arg. nit. 6.

Case 2.—A female patient, aged 30. Her illness started nearly two years ago, with sickness and pain in epigastrium and flatulence twenty minutes after meals. She lost weight, was treated at King's College Hospital from November, 1920, to June, 1921, but gradually grew worse. I saw her first on July 2 last, for the symptoms described. I put her on argentum nit. 6, two minims three times a day ten minutes before food. After the first few doses she began to improve. The treatment was continued in minim doses once a day for four months, commencing from the end of June. The patient declares herself quite well. All symptoms have ceased ; she is taking ordinary diet and has gained substantially in weight.

Case 3.—James B., aged 36.

Operation.—Gastro-enterostomy performed in November, 1918, at St. Thomas's Hospital, for gastric ulcer, which had practically incapacitated the patient for two years previously.

Ever since operation, pain coming on about two hours after food, and has been under medical treatment ever since. The stools were examined for occult hæmorrhage before and since operation, and found positive. Three weeks ago argentum nit. 6 was given in two-minim doses three times a day before food. Immediate relief was experienced, pain and belching of wind ceased, and he was able to enjoy his meals and feels less depressed. Has gained four pounds in weight since treatment, and has not lost one day's work.

Discussion.

Dr. Neatby thanked Dr. Pearson for his thoroughly practical and interesting paper. It was not long, but covered a very important subject giving opportunity for a discussion that ought to be fruitful. Dr. Neatby said the chief points he had noted down to comment upon were the proportion of gastric ulcer cases that Dr. Pearson had diagnosed. Dr. Neatby felt that he was of course in a backwater as to these conditions, but he was under the impression that teaching now-a-days was that duodenal ulcer was much more common than gastric ulcer. In some of these cases of Dr. Pearson's it was proved that they were genuine gastric cases. Dr. Pearson had stated that the pain came on one or two hours after food. If pain did not begin till one or two hours after food, Dr. Neatby would suggest the possibility of the duodenal condition. Another interesting point was that argentum nit. in bulk failed to relieve the cases, when the potency met the situation.

Dr. Speirs Alexander said he had listened to the paper with especial interest because he had been partly responsible for introducing Dr. Pearson to the Society. It had been a great pleasure to listen to his maiden effort before the Society, and he was to be congratulated upon the beginnings he had

made in homeopathy, not only in the cases he had given in his paper, but on his work in the ophthalmic department. Dr. Pearson had had previous experience in an allopathic ophthalmic hospital, and therefore had had the opportunity of contrasting the treatment by the two schools, and he thought he would assure them that in most cases the advantage was mainly with the homeopaths, and that he had been struck with the success of cases dealt with in the ophthalmic department of the hospital. To him many of these cases seemed little short of marvellous, although to old homeopaths they were matters of everyday experience. The cases brought forward by Dr. Pearson were very interesting, especially as he had shown the contrast in treatment by the two schools. All might join in congratulating Dr. Pearson on his paper, and themselves on having secured him as a member.

Dr. Wynne Thomas wished to congratulate the new member on his excellent paper. Many years ago, about 1892, when he first read a paper before the Society, it was also on the subject of gastric ulcer. A great deal had been learned since those days, and the treatment was very different. X-rays had been introduced and operations were undertaken now with far greater certainty of a successful issue. Dr. Wynne Thomas said he had a very interesting case in his experience in Bromley. The patient was a girl of 18 or 20 years of age. She had been taken very ill in the garden and was lying there with a pool of blood round her when Dr. Thomas was called in. He had her conveyed into the hospital, and she passed a large quantity of blood by the bowel and vomited a considerable quantity of blood after she arrived. Dr. Wynne Thomas put her on a starvation diet, cutting off all food by the mouth, and fed her per rectum for three or four days, then gradually commenced giving her milk

and lime water by the mouth. She did not have any return of the sickness and, to all appearances, was making a good recovery—in fact, after a fortnight he thought of sending her home again. She had lost all pain and was able to take light nourishment. Then suddenly she had suppression of urine. This went on for thirty-six hours. She became very restless. A catheter was passed but nothing was obtained from the bladder. She became very ill and Dr. Dyce Brown came down to Bromley to see her. He suggested that she should have hot packs and subcutaneous injections of atropine, and he gave a favourable prognosis. However, she passed no more urine, and died in about three days. The interesting point was that a post-mortem examination was made, and he examined the stomach and found the scar of the ulcer soundly healed. That was only a fortnight after the violent hæmorrhage, and therefore there was no reason why the ulcer should not heal quickly in a fairly healthy young person. In his paper, referred to above, Dr. Thomas made a suggestion that in cases of the rupture of the stomach the only chance was an abdominal operation, laparotomy. That had never been done up till then, and he was rather scouted at the time. Now of course it was the recognized thing that in cases of ruptured stomach the abdomen should be opened and the ulcer searched for and stitched up. Years ago a very interesting paper had been delivered to the Society by the late Dr. Edward Blake, in which he advocated the use of uranium in the third cent., and he gave some very interesting cases where uranium had been given to animals and produced ulcer in the stomach or duodenum. Dr. Thomas said that that was a medicine he had used with definite advantage some years ago. In those days gastro-enterostomy was not known, and in cases of the present time where there were symptoms of chronic ulceration of the stomach, that was an operation that was performed

with very satisfactory results. He had had several such cases in his hospital, and the recovery was usually quick and the difference in the comfort of the patient within a few weeks was most startling. A few years ago Dr. Thomas had a patient who, to all appearances, had carcinoma of the pylorus. He was over 60, getting very thin, and suffering from violent attacks of sickness and vomiting. Mr. Shaw came to the hospital to see the patient, and Dr. Thomas had made a suggestion as to whether it was advisable to do a gastro-enterostomy. Mr. Shaw, however, thought not.

(*To be continued.*)

—*The British Homeopathic Journal.*

THE INDIAN
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"The knowledge of disease, the knowledge of remedies and the knowledge of their employment constitute medicine."

—HAHNEMANN.

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INTERNATIONAL HOMEOPATHIC COUNCIL.

The memorable meeting of the International Homeopathic Council held in London in 1911, at which we had the honor of being present, has become past history almost. The whirlwind through which the world has passed during the war has altered many things. The things that were possible then, have become impossible now. For a time it seemed that we will never have another meeting of the International Council. However the war is over, and once again we are thinking of world homeopathy. Our American confreres are always at the front for all propaganda work for homeopathy. We have a strong champion of our cause in Dr. George Burford of London, England. In 1921 a meeting was held at the Hague to discuss international Homeopathy. The annual meeting of the International Homeopathic Council was held in London on the 6th October 1921.

It was here resolved that we should have another meeting of the International Homeopathic Congress soon and it was suggested that the next meeting should be held in America. But our American colleagues thought it would be better to have the meeting in Europe. Our readers remember that India has two members in the Council and if we have a meeting, we must arrange to send two members. India has always responded to the call of Homeopathy and we hope we shall do so this time. We have received the following letter from Dr. H. F. Woods and we feel grateful to the authorities of the International Council for the honour they have done to India by requesting an Indian to be one of their Vice-presidents.

J. N. M.

The following is the letter of Dr. Woods, Secretary of the International Homeopathic Council.

Dear Dr. Majumdar,

At the annual meeting of the International Homeopathic Council, held on the 6th inst. in London, I was instructed to write and ask you, if you would be willing, to become a Vice-president of the Council.

The Council wishes to recognise the valuable work you have done for Homeopathy in India and hopes that you will accept the position.

With fraternal greetings,

Yours sincerely,

(Sd.) H. Fergie Woods,

Co Secy., I. H. C.

NOTES OF A SERIES OF CASES SHOWING THE ADVANTAGES OF HOMEOPATHIC TREATMENT IN GASTRIC AND ALLIED DISORDERS.

(*Continued from page* 64, *No.* 2, *Vol. XXXI.*)

A curious thing in the history of the patient was that he said that many years ago he had suddenly been taken very ill when out in the country. He had lost a lot of blood and became very faint, necessitating him to rest for an hour or so before he could go home. He got home later, and had had no more attacks of vomiting blood, but he had been told by his doctor that he was suffering from a varicose condition of veins in the œsophagus. Dr. Thomas thought he had had a duodenal ulcer which had healed, and that now he was getting carcinoma developing in the scar. A week or ten days after being seen by Mr. Shaw, the patient was so ill that he asked if nothing could be done to ease his suffering as his life was not worth living. Dr. Thomas telephoned to Mr. Shaw and got him to come down, and together they did a gastro-enterostomy. They found a considerable thickening round the pylorus. The patient did very well and put on 20 lb. within three weeks, and within a month of the operation, was at Lord's watching a cricket match. He lived for eight or nine years after that, and then developed diabetes and stone in the bladder, and succumbed to operation for removal of the stone. Dr. Thomas had recently had another patient who had showed symptoms of ulceration in the duodenum. He also had a gastro-enterostomy in the early part of this year, and had large thickening of the pylorus thought to be malignant, but he was steadily improving, and had put on 1½st. in weight, and was feeling better now than he had done for the last ten or twelve years.

Dr. Hall-Smith said he should like to congratulate Dr. Pearson on his very practical and interesting paper, and he

felt glad that he had been able to persuade Dr. Pearson to read the paper to the Society. He felt that new members should read practical papers, as in most cases they were in a peculiarly favourable position to compare the results of the two schools of treatment. Such papers would bring home to visitors the advantages of homeopathic treatment, and it was very illuminating to have such advantages conveyed in this way. It would be interesting to know whether there were any general and mental symptoms present in the cases which Dr. Pearson had treated, which would indicate argentum nitricum. With reference to ulceration of the stomach, there was one remedy he would like to mention, and that was ornithogalum, which he had found very efficacious in cases of gastric ulcer, particularly where there was a suspicion of malignancy, and where no very definite symptoms were present to indicate a remedy. He found ornithogalum acted best when given in unit doses of three to five drops of the mother tincture. This was frequently followed by a definite aggravation and subsequent amelioration, which might continue for some weeks.

Mr. GRANVILLE HEY said he would like to add his thanks to those already accorded to Dr. Pearson for his interesting paper. It was a great pleasure to see Dr. Pearson present as a member of the Society, especially when he remembered that he first met Dr. Pearson some many years ago at Beckenham, and at that time both Dr. Pearson and his colleague were anything but favourably inclined towards homœopathy. Dr. Pearson had evidently changed his views. To Mr. Hey the interest of the paper was chiefly from the diagnostic point of view. In the first case mentioned, the symptoms were much more those of duodenal than gastric—pain coming on one and a half to two hours after food, and seat of pain being 1½ in. to the right of the midline in the trans-pyloric line, which was the accepted seat of pain in cases of duodenal ulcer. The

President had referred to the frequency with which gastric ulcer occurred in Dr. Pearson's practice, ane Mr. Hey thought rightly so, because it had been shown recently by careful examination of a great number of cases that gastric ulcers were very much less frequent than was formerly supposed, whereas duodenal ulcers were more frequent. Mr. Hey did not think that the X-rays in this particular case very convincingly bore out the fact that the condition was one of gastric ulcer. There were some splashes of bismuth left in the picture about the duodenum. In the third case Dr. Pearson referred to occult blood. Mr. Hey asked how many times an examination for occult blood had been made. Was the patient kept free from anything containing hæmoglobin for forty-eight hours before the test was made? Results seemed to point to the fact that occult blood could only be stated to be present when there had been no hæmoglobin in the diet for at least forty-eight hours before examination of the blood, and the examination should be repeated several times. When that had been done and the blood found, it would seem to point to one of three conditions—malignant disease of the stomach, or head of the pancreas, or duodenal ulcer. Reference had been made to the supposed malignant conditions of the stomach. Within the last two or three years in Edinburgh, jars in the Museum had been opened and re-examined, as something arose which led to the original diagnosis being doubted. Scores of specimens had been opened, and it had been found that microscopically they were not carcinoma specimens at all, but fibrosis of some kind. Many of the cases which had been reported as cures were not carcinoma at all. It was therefore necessary to be careful in asserting that a case was really malignant.

Dr. MILLER NEATBY thanked Dr. Pearson for his paper which was of great general interest. Dr. Neatby said that it

so happened that there were two cases of supposed ulceration of the alimentary tract under his care in the hospital at present. He hesitated to say that they were cases of gastric ulcer, and no doubt it was true that duodenal ulcer was much more common than was formerly supposed, but there were still some cases of gastric ulcer left. One of the cases upstairs he thought was possibly duodenal, but the other seemed more like gastric. One of the patients was on argentum nit., and seemed to be doing very well. He gave it partly on the patient's craving for sweet things, and partly on the pathological ground that arg. nit. could produce gastric ulceration. The other case was on arsenicum. This question of duodenal and gastric ulcer reminded Dr. Neatby of a case that Mr. Wright had in the hospital some years ago. Dr. Neatby had not seen the case at that time, but the patient, a woman of 28, came to see him some two months ago. She was one of those cases that ought to have been dead long ago, and she quite realised it. She had disappointed all her medical attendants. She said that Mr. Wright had operated upon her for gastric trouble. She knew the appendix was removed, but Dr. Neatby thought nothing more was done because she appeared to have malignant disease of the liver, and Mr. Wright told her husband that she had better go to a Home for the Dying as she would probably be dead in three months. She went to a Home at Clapham and put on flesh rapidly, and in ten weeks went out better than she had been for years. She continued extremely well for some time, and came to Dr. Neatby because there had been some recurrence of her symptoms. She had symptoms then that pointed very srongly to sulphur, which Dr. Neatby gave her. After two or three weeks she was very delighted with her recovery. Whether it was the medical treatment she had received at the hospital or whether it was one of those strange supposed malignant

diseases of the abdomen which are either not malignant or are malignant and eliminated by nature, he could not say. He was glad Mr. Hey had drawn attention to those cases of tumour of the stomach. He thought of that when listening to Dr. Wynne Thomas, and wondered whether his case was a malignant tumour or not. Undoubtedly there were a good many of these cases of tumour which were of a fibrous nature and not malignant at all. He remembered a paper some fifteen years ago appearing in the *British Medical Journal* on that subject. As regards occult blood, Dr. Neatby said he would like to emphasize what Mr. Hey had said, that the patient must be kept off meat for two or three days before the test, and he thought that should be strongly urged if the stool was to be examined for occult blood. Another thing that occurred to Dr. Neatby, was the possibility of syphilitic disease. He had recently read an article in an American medical journal in which the author felt so strongly on this point that as a routine part of diagnosis he had a Wassermann test made and if the test were positive he instituted anti-syphilitic methods of treatment, and he was surprised by the number of these cases that gave a positive Wassermann and responded to that treatment. Dr. Neatby said he was not prepared to endorse this view, but he mentioned it as an interesting experience.

Mr. Granville Hey said that with regard to treatment of these cases, there was one point he had intended to mention. Dr. Pearson appeared to have had very marked results with argentum nit. and Dr. Thomas with uranium nit. Mr. Hey said he had had no success with argentum nit., some good results with uranium, but the remedy he had found gave the best results was kali bichromicum. Quite a number of cases that had been diagnosed as duodenal ulcer had entirely cleared up under this remedy.

Dr. Powell welcomed Dr. Pearson, and thanked him for his excellent paper. He would like to say one word with regard to what Dr. Miller Neatby had said. Dr. Powell had a case of a Colonel in the Army who had typical "duodenal" pain two hours after meals. He was seen by the eminent Professor from Leeds, who diagnosed duodenal ulcer, and Dr. Powell heard afterwards that he had no trouble whatever in the duodenum but had an acute necrotic appendix that was removed. There was some webbing over the duodenum but otherwise no trouble. The real condition was necrotic appendix. The patient had had periodical attacks of abdominal colic for some months with feverish attacks lasting for some hours. He was always relieved by bismuth lozenges. Other remedies seemed to have no effect. Dr. Powell heard a little time ago that this patient had had a return of abdominal pain of "colic" nature apparently, but his renal tracts were not free from suspicion at time of operation.

Dr. Weir thanked Dr. Pearson for his paper, but was not at all sure whether he was to be congratulated or not on his successes with argent. nit. He would be very sorry for him if he gave argent. nit. to every case, and he would very much like to know whether Dr. Pearson had tried it on yet other cases where it had failed? It might be that some of Dr. Pearson's prescriptions acted rather palliatively than curatively, and naturally when the stomach condition had cleared up the patient had been able to keep food down. He felt sure that if they had been pure argent. nit. patients they could not have tolerated a treatment of argent. nit. 6 daily for months. In some cases where symptoms of gastric ulceration were present, even to profuse hæmorrhage, and where there was nothing very distinctive to point to another remedy, ornithogalum, in mother-tincture and in single dose, gave amazing relief. He had seen quite a number of cases clear up rapidly

under that remedy. Dr. Weir said there was a point he would like to emphasize, and that was, that they should more often publish notes and results of cases under treatment. We are apt to take our homeopathic results too much for granted. We should publish our cases far more than we do at present, not by way of appealing to ourselves, but by way of helping others. It had been a pleasure to him to hear Dr. Pearson's paper for a great number of reasons, and the Society was to be congratulated on having secured him for a member.

Dr. Wheeler regretted that he had been prevented from listening to Dr. Pearson's paper, and offered his apologies. There had been one or two things in the debate which had interested him. Dr. Weir had raised the point of the continuous use of low potencies. A great many drugs had a direct tissue action apart from a constitutional effect. There could be no doubt about the action of the silver in the upper alimentary tract. He rather suspected that when low potencies were given more or less continuously they acted as a local stimulus. The periodical encouragement was enough to produce some effect until the next dose was given. When high potencies were given there was probably a stimulus to endocrinal tissues which were regulators of metabolism. Dr. Wheeler certainly had seen very good results from silver in gastric conditions, often with continuous treatment by the lower potencies. Dr. Wheeler agreed with Dr. Neild that some of the hæmorrhage cases that used unhesitatingly to be called gastric ulcer, could occur where there was no ulcer. Dr. Wheeler had seen one such case verified by operation. The condition had been diagnosed as gastric ulcer, and ultimately Mr. Wright did a short-circuiting operation, and at the operation no breach of surface was found, though repeated large hæmatemesis had occurred. The result of the operation was one of the most successful he had ever seen. The patient

had always responded very quickly to treatment in hospital, but she always relapsed when she started work, and it was for that reason she had the operation.

Dr. Tyler said that some years ago she had a great deal of indigestion, and the thing that did her most good was argent. nit., a dose of the 30th, but she developed symptoms of numbness in her arms. This numbness was so acute that she used to prevent anything from touching her arms if possible. She found that this was an argent. nit. symptom and dropped the medicine, and the numbness disappeared. Since taking argent. nit. she had had no indigestion. Dr. Tyler thought it was a long-acting drug and was indicated amongst other symptoms by great desire for salt and sweets and apparent intolerance to heat.

Dr. Neatby felt sure Dr. Pearson must have been very pleased by the interesting and informing discussion that his paper had brought about. It had been varied and interesting from several points of view. He would like to point out how gratifying it was that Dr. Pearson, as a new member, was rising to his responsibility, and he would like to say to all other new members, "Go thou and do likewise." It was interesting in connection with what had been said of argent. nit. that the same thing might be said of nitrate of uranium. He thought it was introduced to the profession by Dr. Blake, who used homeopathic dilutions, but it was also used and written about by Dr. S. West and he damned it with faint praise, and really spoiled the use of it by giving it indiscriminately and in increasing doses, so that aggravations instead of benefits were caused. Some interesting remarks had been made by Mr. Hey and others about mistaking fibrous conditions for malignant disease. Dr. Neatby felt sure that had happened in many instances, and accounted in many cases for supposed cure of malignant disease. Dr. Lewers of the

London Hospital had stated in a paper how cases of this sort had often been mistaken, and he had caused many of the specimen jars of the Museum labelled "Carcinoma of the Cervix" to be opened, and it was discovered they were tuberculous. Dr. Neatby said he had been hoping someone would mention kali Bichromicum. He thought it was one of the most valuable stomach remedies for chronic gastritis and other stomach trouble. If he had anything to say in criticism of the paper and the discussion, it would be that the homeopathic indications for these various drugs had not been sufficiently clearly brought out. Even Dr. Weir, in criticizing the continuous use of argent. nit. did not give the constitutional symptoms, and it would be a great help if more stress was laid upon the general symptoms which indicated the remedies. If Dr. Pearson prescribed upon anything but a pathological basis, it would be interesting to know what led him to nitrate of silver in so many of his cases.

Dr. Pearson, in reply, said Dr. Weir's remarks had quite overwhelmed him with disappointment and made him feel that he was working at random with the drug. However, he was very delighted with the results of his cases, but, having such a small knowledge of homeopathy, he could not answer him as to the drug symptoms. He had found the results of treatment with argent. nit. so effectual and curative that he was satisfied with the remedy. With regard to Mr. Hey's remarks on the differentiation between gastric and duodenal ulcers, he would like to disillusion Mr. Hey on the point of pain two hours after food. Dr. Pearson had had the opportunity of seeing Professor Burghard operate on two cases of his which he felt certain were suffering from duodenal ulcer. They had all the symptoms of pain coming on about two hours after food, with very marked hyper-acidity and hunger pang, so that in his own mind there was no doubt

about the cases being duodenal. Laparotomy was done and a distinct hard ulcer on the gastric side of the pylorus was found, with no ulcer at all in the duodenum. There were many cases which were treated for gastric ulcer, and these cases proved to be duodenal on opening the stomach.

—*The British Homeopathic Journal.*

THE RELATIVE VALUE OF HOMEOPATHY IN A SERIES OF 485 HOSPITAL CASES EXHIBITING CHRONIC CONSTIPATION.*

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This monograph embodies the study of 485 cases of chronic constipation, and presents in a revised and condensed form the subject matter contained in three papers. The first was presented before the Boston District of the Massachusetts Homeopathic Medical Society. The second was read by invitation before the Staff of the Boston City Hospital, and the third before the Staff of the Massachusetts Homeopathic Hospital. In these papers I ventured upon the discussion of the causes and nature of constipation, the modern concensus of opinion regarding intestinal auto-intoxication, the inadvisibility of routine catharsis in acute infectious diseases, the diet and psychology in treatment, and finally the relative value of homeopathic medication. The last is the only object of this paper, and the other subjects are merely touched upon. It is to be clearly understood that this is a study of a group of cases with this one purpose in mind. It offers nothing new in the treatment of these cases, and much of the work is

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justly open to criticism, but the results obtained are sufficiently interesting to justify the labor entailed.

The condition of constipation offers an interesting field for the study of the relative value of therapeutic measures. At the same time, it is not a simple matter to draw deductions as to their relative values, because of the wide divergence of the other complaints accompanying this condition as presented by patients seeking medical aid. Nevertheless, by taking into consideration the many complications of the problem of establishing the relative efficacy of a method of treatment, one is justified in drawing guarded conclusions.

Constipation is a sorely neglected symptom. I use the term neglected, not so much to indicate that the medical profession fails to recognize the condition, and to administer medicine to combat it, as to indicate a failure on the part of the profession to attempt to remove the underlying causes. Patients suffer more from the sins of commission than from the sins of omission. Furthermore, it is only within recent years that the profession as a whole has become enlightened on this subject, to the extent that a few men of authority are urging that greater care be taken in the use of cathartics. It is particularly in this condition that the underlying principles of homeopathic therapeutics are being gradually absorbed by the profession as a whole.

The physician who is guided by homeopathic principles strives to remove the cause of a complaint or symptom. He does this by all the means at his command, such as correction of diet, habits, mode of living, suggestion, and any other measures radical or otherwise. This seems to be quite beyond the grasp of certain members opposed to the homeopathic school who seem to feel that no one professing to employ homeopathic medicines should resort to anything but sugar pills, dilutions and powders. This narrow-minded and ignorant

viewpoint is largely responsible for the misunderstandings and lack of sympathy with the homeopathic body of the profession. The principles of homeopathy encourage the use of all measures which will protect the body economy and hasten a return to normal. It is quite unnecessary to defend such principles for they are the accepted basis of the healing art.

In recent years the literature of those not interested in homeopathy—including the editorial department of the *Journal of the American Medical Association*—contains constructive criticism of routine catharsis which might well be studied by some authors with homeopathic affiliations. As yet, this propaganda has not affected the general practice in the old school, but if it ever does so, the advantage of those who practise homeopathic therapeutics in constipation will be decidedly diminished as this thesis will demonstrate.

THE COMPLEXITY OF DETERMINING THE RELATIVE VALUE OF METHODS OF TREATMENT.

Constipation is a symptom of a diseased condition. This condition may be the result of :

(*a*) A natural disease, i. e., an infectious disease, malignant disease, a congenital or an acquired deformity, directly or indirectly interfering with the function of the gastro-intestinal tract.

(*b*) The use of purgatives "on general principles" to clean out the system" at arbitrary intervals when constipation per se did not exist.

(*c*) The continued use of purgatives at a time when the bowels failed to act in the normal manner during the course of an acute infectious disease, during pregnancy, after childbirth, in post-operative conditions, etc.

(*d*) The continued use of large enemas in any of the above mentioned states.

(*e*) Negligence, or inability on the part of the individual to evacuate the bowels when the desire and physiological ability exists, with the resulting tendency to distention and loss of tone of the lower bowel.

(*f*) Individual susceptibilities to:

1, Environment, such as concomitants or expressions of seasickness or car sickness; sedentary occupations, particularly in those who crave and need physical exercise; changes in drinking water, etc.

2. Articles of diet.

(*g*) The use of drugs in prescriptions which tend to induce constipation.

(*h*) Occupational diseases such as lead poisoning.

(*i*) Neurological conditions; such as spastic constipation and nerve paralysis.

Numerous other causes might be included, but the above gives a fairly good idea of the causes of constipation which confront the average physician. The cases upon which I have based this study are entirely derived from the Out Patient Department of the Massachusetts Homeopathic Hospital. When I first began to give special attention to this subject the patients rarely came to my clinic because they were constipated. They came in because of some other complaint, and incidentally these patients learned that their long standing constipation existed no more, that cathartics or enemas were no longer necessary. They spread the news to their neighbors or their fellow factory hands, and, in due course of time, patients, were coming to the clinic for the sole purpose of having their bowels regulated.

With a growing reputation in this field, the clinic eventually began to get some really difficult cases, which had been the rounds of physicians and hospitals without obtaining relief. Again the character of the clinic changed, because my former

optimism was subdued by these recalcitrant cases. In the waiting hall and among their neighbors these patients informed all with whom they came in contact that our treatment had not yet helped them, and that they could not stand letting their bowels go much longer. The difficulties which I have had with these individuals have been the greatest tax on my patience. Some I conquered by bullying, some by eloquent appeals and some by argument. Some left the clinic in disgust after the first or second visit. No case that failed to follow my instructions is included in this series. Others remained constipated and were dependent on enemas even after weeks of faithfully trying my methods. These are all included in my series as failures.

The compilation of these statistics was a most disappointing process. After the close of each clinic I had jotted down the hospital number of each case of constipation so that it was necessary to arrange these numbers consecutively and cancel duplicates. In my available time, I presented lists of these numbers in consecutive order to the clinic clerk, who got out the records for me. Special sheets were prepared containing columns for the necessary data, each sheet representing forty cases. No case was included that had not been dependent for at least six weeks on artificial means for moving the bowels. And, furthermore, no case was included which did not give the necessary data for each column. This latter restriction caused me to throw out 135 cases which I had hoped to include in the series. Many of these records, I am ashamed to say, were in my own hand-writing, and thus the fault did not always lie with the assistant who took the history or made the daily notes.

This brings me to the method employed in the clinic. An assistant physician or fourth year student assistant took the history, following certain prescribed questions laid down for

cases of this group. On completion of the history, I made a routine physical examination of the patient including the chest, abdomen, reflexes, etc., with deviations according to the ailment presented by the patient. The other necessary findings such as urine, blood, sputum etc, were examined and included in the record before the next visit; the clinic being held every Wednesday and Saturday throughout the year. If an X-ary was necessary, that was ordered. In the course of the case the patient might be referred to any other clinic such as the gynecological, eye, ear, nose and throat, and orthopedic departments. All sorts of data were kept on these cases relative to their diseases for other studies. For instance, a case of constipation might also be under study for some heart condition, for duodenal ulcer or for asthma, the hospital number being recorded under these headings for future compilation of statistics.

The medical clinic is a clearing house, and is an exceedingly busy spot. It is not uncommon to have ten new cases out of forty attending the clinic, which often runs well into the afternoon. The patients are of all nationalities, but a goodly per cent are Americans. They are not all poverty-stricken by any means. Fur coats, silk stockings and clean collars are quite common. I have ceased to criticize the hospital for admitting these well dressed specimens because I find a certain relief in examining a clean patient and advising an alert mind in the presence of much filth and ignorance.

The average patient is "put through the mill on high speed," and it is quite impossible to give each one the individual attention necessary for accurate homeopathic prescribing. This brings up a very important point in this series. Namely, that cases given a homeopathic prescription are studied more carefully than those placed on placebo; and

consequently their cases are better understood. Furthermore, the confidence of the patient in the physician is thereby enhanced. This is particularly so in cases where the repertory is used and modalities are carefully considered. This factor must be given weight in considering the relative value of homeopathic treatment in this series. It may, therefore, be considered to offset in a certain measure the statistics in favor of the value of the homeopathic remedy : but it cannot detract from statistics in favor of the homeopathic method of studying a case as an individual.

Finally I must allude to the complexity of establishing the relative value of homeopathy in cases of constipation exhibiting a wide variety of other conditions. Let us take for example the case of a patient who comes in primarily for a subacute or chronic arthritis. This condition, on a very busy day, may dominate over the constipation. That is, the type of constipation might be disregarded and allowed to take care of itself, while the weight of the prescription would be directed against the symptoms of arthritis. In this wry, the constipation element as such is at a disadvantage from the homeopathic statistical point of view, and, futhermore, the relief of the constipation would often be in proportion to the relief obtained for the arthritis, because, as the patient is able to get about more freely, the tone of the bowel will be improved. This places the homeopathic statistics regarding the constipation at a disadvantage, since the cases of constipation selected for placebo are largely comprised of cases which had no complaints other than those due to the abuse of cathartics. Of course, there were many cases exhibiting other dominant conditions where the constipation was promptly relieved on placebo while we were waiting for the patient to overcome the effects of a previous drugging before a suitable remedy could be selected. However, it is perfectly

obvious that the group of cases prescribed for homeopathically included all those exhibiting serious conditions demanding an immediate prescription, and in these the constipation from the homeopathic point of view did not always receive a fair attention in the prescription.

OTHER METHODS EMPLOYED.

If, in our homeopathic prescribing at this clinic, we tended too much to generalize in our prescribing—and I admit that for my part I did so much too often to do justice to the principles of homeopathy—I certainly generalized to the extreme in the diet. But I had a definite purpose in doing this. I was desirous of having all other things equal by avoiding the further complexity of a varied diet, in order to give weight to the statistics. Consequently from the very outset of this work I have placed each case on the same diet, and given each one the same stereotyped rules. These rules were as follows:

1. Avoid all meat and fats of all kinds until bowel movements are established.

2. Drink not more than one cup of tea and one cup of coffee a day.

3. Drink six glasses of water a day. (This was often increased to ten in refractory cases.)

4. Partake freely of vegetables, fruits and cereals.

5. Go to stool every morning after breakfast but obey any inclination to evacuate the bowels at any other time when the opportunity is offered.

6. In the presence of marked discomfort in the rectum, use an enema of eight ounces of warm water. This is not to be held, but to be expelled promptly with the idea of stimulating peristaltic contractions. This may be repeated several

times, and the amount increased to one pint. A cold water enema of the same amount if this fails.

Discussion of the Diet Employed.

I learned from my preceptors that meat and fat in the diet during absent bowel movements tend to cause headache and malaise. This has been borne out by my own experience in the clinic. I have theorized that the end products of digestion of these two foodstuffs are responsible in part for these symptoms. It is the only fairly constant ostensible manifestation which I have observed of an intoxication as the result of constipation. With the removal of fats and meats from the diet, this manifestation is of short duration, occurring usually on the second day and disappearing on the third or fourth day, even though no movement takes place. The tongue also is apt to become clean before the bowels move. With this there is often a general sense of improvement and relief of gastro-intestinal symptoms, much to the surprise of the patient.

It is very important to make these patients drink sufficient water. This is not given with the idea that the kidneys may be expected to carry off all the extraneous matter contained in the retained feces, but with the idea of supplying sufficient renal excretion during a temporary cessation of defecation. There is an enormous amount of absorption from the colon of individuals with normal bowel function. In fact, the absorption is sufficient to change the liquid mass which enters the coecum into a formed stool by the time it reaches the rectum. Liquid petroleum and such oils used to combat constipation may possibly interfere with this absorption so vital to organism. In the rectum, absorption goes on under the same protective mechanism. After a daily movement— which should normally empty everything below the sigmoid

—there promptly begins a deposit in this same locality which accumulates for the next twenty-four hours. Every normal individual has feces in his lower bowel for twenty-three hours out of the twenty-four.

Intoxication from the normal contents of the lower bowel is theoretically supposed to be impossible providing the mucous membrane remains intact. If it becomes eroded from the presence of scyballa, the barriers of protection are broken down. Hertz, Gant, Nothnagel have all emphasized the fact that scyballa may form and remain in place even though daily catharsis is employed. A sufficient amount of water tends to prevent the formation of scyballa, whereas insufficient liquid in the diet tends to the formation of a dry stool, because absorption is necessary for the general body economy. It is a common experience in my clinic to have patients pass a perfectly normal stool in size, shape and consistency after a week of fecal retention.

It is not my purpose to enter into the controversy of "auto-intoxication" from the bowel. I admit the existence of such an abnormality, but for all practical purposes it does not play an obvious role in this series of cases. I am also ready to admit that the accumulation of feces may be a source of danger to the tone of the lower bowel, but this danger is more to be feared in the young than in the out patient adult. In only two cases have I had to remove fecal impactions, and in these two instances the patients rapidly and entirely recovered the tone of the rectum.

The diet employed is a variation of that of Rosenfeld* who goes so far as to forbid fruit and vegetables for the first day or two on the ground that most cases of chronic constipation

* Rosenfeld, G.: Die Behandlung der chronischen Obstipation. Therapie der Gegenwart. Dec. 1914. pp. 462-465.

are of the spastic type. Mello * has criticized this diet at being contraindicated in severe cases and only useful in those cases which will get well under any treatment. Perhaps some of my failures are due to this diet. Suffice it to say that in instances of failure under this diet with placebo, a cure has been effected by the homeopathic remedy where no dietary changes were made. In a few cases of failure under this diet with and without the remedy, a liberal fat diet was instituted but never with permanent success.† I might say in passing, that a rich carbohydrate diet with an excess of sugar, as suggested by Burnett ‡ was sometimes found efficacious in overcoming the unit stools of the sheep dung variety so characteristic of alumina. But this was merely a modification of the routine dietary principles, and was applied equally in the three grups of cases under observation.

This thesis has not the purpose of extolling any particular dietary methods in the treatment of constipation. Our success at the clinic is merely a relative one as compared to the much too prevalent method--the abuse of cathartics, so ably condemned by the editorial contributions in the *Journal*

* Mello, A. da Silva ; Treatment of Chronic Constipation. Brazil Medico, May 17, 1919. Rev. in Jour. A. M. A. Aug. 9, 1919; p. 456.

† Four cases of diabetes in this series were placed on a rich fat diet from the first, and the carbohydrates restricted sufficiently to obtain a sugar free urine. In other cases presenting such conditions as asthma, eczema, migraine and arthritis, the diet was also modified as would naturally be suggested by the idiosyncrasies, skin tests or general dietary principles. Such modifications, however, except with diabetes, did not cause us to alter the rule of a fat free, meat free diet.

‡ Burnett, F. L. ; Fecal units and intestinal rate, a basis for the study of health and intestinal indigestion. Boston Med. and Surg. Journal, April 21, 1921, p. 417.

of the American Medical Association, * and in the publication in book form of "Useful Cathartics." † It is due to the abuse of cathartics that this series was made possible. Physicians, surgeons, obstetricians and orthopedicians were largely responsible in many cases for inducing the cathartic habit in these patients. Physicians should know better, and these specialists should learn to view the bowel function from other than a purely mechanical point of view.

I am well aware of the fact that certain rare types of constipation such as are met with in marked gastroptosis, coloptosis and especially in dilatation of a portion of the greater bowel, are exceedingly intractable to any methods I know of. Some of these, however, have been helped by patient attention and careful homeopathic prescribing, but I cannot boast of affording relief to more than six out of a total of sixteen such cases in this series. I am of the opinion that gradually diminishing the size of enemas is a more potent factor in the relief of this type of constipation than the diet or medicine. In the spastic type of constipation the discontinuance of cathartics appears to be the chief factor in the recovery.

TABLE I

New Series

	Number of Cases	Male	Female	Average Age	Recoveries	Failures	Per cent of Failures
Sac. Lac.	142	36	106	39	119	23	16.92
Low Potency...	118	22	96	42	113	5	4.24
High Potency	91	26	65	42	85	6	6.59
TOTALS	351	84	267	41	317	34	9.68

* Use and Abuse of Cathartics. Jour. A. M. A. Series beginning October 18, 1919, p. 1213.

† Useful Cathartics; Fantus, B, A. M. A., Chicago, 1920.

TABLE II

Old and New Series

	Number of Cases	Recoveries	Failures	Per cent of Failures
Sac. Lac., New Series	142	119	23	16.92
Sac. Lac., Old Series	25	21	4	16.00
Sac. Lac. Total	167	140	27	16.15
Low Potency, New Series	118	113	5	4.24
Low Potency, Old Series	109	103	6	5 50
Low Potency Total = ...	227	216	11	4 84
High Potency, New Series	91	85	6	6.59
Homeopathic Treatment, Total ...	318	301	17	5 34
TOTAL	485	441	44	9.07

TABLE II

New Series

	Failures in Originals	Transferred to Low Potency: Total	Transferred to Low Potency: Recoveries	Transferred to Low Potency: Failures	Transferred to High Potency: Total	Transferred to High Potency: Recoveries	Transferred to High Potency: Failures	Not Transferred	Total Recoveries After Transfer	Remaining Failures
Sac. Lac. ...	... 23	11	6	5*	8	6	2**	4	12	11
Low Potency	... 5	...	...	...	3	2	1	2	2	3
High Potency	... 6	5	0	5	...	...	...	1	0	6
Totals	... 34	16	6	10	11	8	3	7	14	20
After One Tr'sfer		...	...	...	...	...	...	...	...	...
3 from Low, 2 from High	... 5	2**	0	2	3*	1	2	0	1	4
TOTAL ...	39	18	6	12	14	9	5	7	15	24

* The final figure 24 is confusing as it represents remaining failures after five transfers—previously recorded as remaining failures under Sac Lac—are added. Four of these remained failures while one recovered. Therefore the actual remaining failures are 20 minus 1, or 19 The use of this figure would also have necessitated an explanation. In the old series there was a total of 10 failures, therefore the remaining failures out of the 485 cases are 29.

TABLE IV

Old and New Series—Final Tabulation

	Number of Cases	Recoveries	Failures	Per cent of Failures
Low Potency :				
Original	227	216	11	4.85
Transfers Received	18	6	12	66.66
Total	243	222	23	9.30
High Potency :				
Original	91	85	6	6.59
Transfers Received	14	9	5	35.71
Total	105	94	11	10.47
Total Homeopathic	350	316	34	9.71
Total Homeopathic Originals	318	301	17	5.34
Transferred as Failures from Sac. Lac.	19	12	7	36.84
But Avoiding Reduplications by ...	337	313	24	7.12
Transfers from Low to High and High to Low (13)	13	3	10	76.92
Balance Check on Homeopathic, including all Reduplications by Tranfer ...	350	316	34	9.71
Sac. Lac. Original...	167	140	27	16.15
Total Cases including all Reduplications by Transfer	517	456	61	11.79
Reduplications by all Transfers (32) ...	32	15	17	53.12
TOTAL CASES, Eventual Results.	485	456	29	5.97

Discussion of Tabulated Results.

Table I represents a series of cases exhibiting constipation treated at the Out Patient Department of the Massachusetts Homeopathic Hospital from June, 1919, to May, 1921. More complicated tables were prepared showing in each group the average duration of constipation, the number of cases regaining natural bowel movements within two days, within eight days, and within fourteen days, the time required to establish daily movements, the number of cases that established natural satisfactory movements every other day, the number of relapses under treatment, the number showing gastric symptoms as a result of cathartics, the number of cases using enemas instead of cathartics, the diagnoses associated with the constipation and principal remedies used. But all these tables required so many explanations and opened up such a wide field for discussion that they have been omitted. Suffice it to say that the average duration of constipation was about the same in all three groups, i. e. sachurrum lactis, low potency and high potency. All cases were of at least six weeks' duration, and in one, recovery followed where the patient, aged 72, had never remembered having had a bowel movement without the use of a cathartic. The duration of the cathartic habit as well as the nature of the cathartic used seems to have exerted no apparent influence on the response to the three treatments employed. The average time required to establish natural movements was essentially the same under all three groups, being slightly in favor of the low potency group, the wide extremes of the time in all groups make such comparison of average unsatisfactory. The number of relapses was about equal in all groups being slightly greater under placebo. The cases exhibiting gastro-intestinal deformities, homorrhoids, arthritis, bronchitis and heart disease were more common in the homeopathic groups. Tables giving all these details

would be of greater value in a series of several thousand cases, but I doubt if they would throw much light on the relative value of homeopathic treatment because the factors involved are much too complex.

The results of Table I show that the percentage of failures under placebo was 16.92, roughly four times as great as that under low potency with 4.24 per cent. The high potency record of 6.59 per cent failures differs sufficiently from that of the placebo group to show that the influence of infinitesimal doses is apparent.

Table II embodies the statistics of Table I with those obtained from a previous series treated at this same institution, and published in the *New England Medical Gazette*, August, 1913. The statistics kept in the intermediate period were lost during my service in the army. The old series presents an almost identical percentage of failures with that of the new series, and the same holds true with the low potency figures. This constancy in percentage has been very striking throughout this study. Even with the wide difference in ages, the average age in all three groups of Table I was aprpoximately the same. High potency was not employed in the old series, hence these figures remain the same as in Table I. Here again with all the figures at hand from both series, we find a wide discrepancy between the failures under placebo (16 15%) and those under low potency (4.84%), the total failures under all homeopathic treatment being 5 34 per cent.

These figures indicate that about 84 per cent of the out patients—which exhibit constipation and are dependent on artificial means for bowel movements—can be effectively cured of this condition by diet, regulated habits and above all by the discontinuance of cathartics. The last is, of course, the most important, and the sagacity of the physician is often taxed as to the best method. The mentality of the individual

must be considered. Gentle persuasion often fails where bullying, threats, exaggerated and even bizarre statements are promptly effective. Given an intelligent office clientele, this figure would rise to nearer 95 per cent recoveries under the gentle use of the King's English. I have seen too many cases in the hospital, whose bowels failed to act when they ran out of milk sugar pills, to underrate the value of milk sugar. Cathartics may be withdrawn suddenly, but it saves time to withdraw placebo cautiously and gradually. Of this I am convinced.

The placebo used consisted of one grain tablets of milk sugar to which were often added a few drops of 88 per cent dispensing alcohol for the purpose of variation. Two of these were ordered to be taken morning and night. Low potencies were administered in the form of similar tablets of milk sugar impregnated with the third or sixth decimal dilutions of the remedy employed, or in the form of trituration tablets of the same appearance. The second declimal was employed in a few instances. These were given in the usual variety of ways from one every our to one morning and night, according to the condition presented. The high potencies were generally the usual milk sugar tablets impregnated with the thirtieth decimal dilution, two being taken morning and night. In repertoried cases the two-hundredth and one-thousandth were administered at the clinic as one powder dry on the tongue, and the patient was then given placebo to take morning and night. With all potencies the rule of the single remedy was strictly adhered to.

Under failures are included those cases which remained dependent on artificial means for inducing evacuations of the bowel, either by enemas or cathartics. The small enema was always advocated in preference to a cathartic, but under the living conditions of some out patients the latter seemed to be

more practicable, and by the judicious and infrequent use of a cathartic these patients were often partially benefited although they were classed as failures from my point of view so far as the constipation was concerned. I have classed under recoveries all those who regained the tone of the bowels and the courage of mind sufficiently to accomplish natural bowel evacuations sufficiently often to avoid any gastro-intestinal—especially rectal—discomfort, and to satisfy their minds that they were no longer constipated. The recovered cases varied in their frequency of evacuations from one after each meal to one every two or three days. The large majority promptly regained natural daily morning movements. Some members of the profession might not consider that some of our cases were cured ; but they were cured of the cathartic habit, satisfied and grateful, and pursued their daily tasks with the smile of healthy Christian Scientists. Unlike the followers of this religion, however, they had acquired added faith in the medical profession to whom they promptly turned in case of trouble.

Out of 318 cases receiving homeopathic treatment, there were 301 recoveries. In other words, the percentage of failures was 5.34 in contrast to the 16.15 under placebo. Of the total 485 cases, at least nine out of ten recovered, the total percentage of failures being 907. But this only represents the failures on the original treatment instituted.

Table III deals with the failures of the new series. Of the 23 failures under placebo, 19 were subsequently given the benefit of homeopathic medication. These 23 had been on placebo without satisfactory relief for at least four weeks, and in three instances for as much as 10 weeks. Eleven of these were put on low potency and six recovered, two promptly and four eventually. Five failed to respond within a month and of these, three were put on high potency

and one recovered immediately and permanently. Another responded promptly after a single dose of the 1 M of Conium, but a relapse occurred. A profuse evacuation followed the second dose, but subsequently constipation set in. Further medication had no effect. The patient had an obstruction of the colon at the splenic flexure, probably a carcinoma. No mass was palpable after the bowel was empty. The X-ray revealed the obstruction, but the patient refused operation. Our insistence on an operation did more to drive him away from the clinic than did our failure to relieve the constipation. In fact the relief he obtained from gastric symptoms by discontinuing cathartics made him a faithful and enthusiastic supporter of the clinic for the six months he remained under observation.

Among the eight failures under placebo that were put on high potency, six recovered. The two cases that failed were given low potency over a period of five weeks without benefit. One of these had a marked gastroptosis and coloptosis (X-ray) and had been under treatment in two other hospitals in the city. She experienced sufficient relief from giving up the cathartic habit so that she has remained faithful to the clinic for two years. She continues to resort to suppositories and less and less frequent enemas. There has been an undoubted improvement, but she is far from cured. Five cases originally treated under high potency without relief were transferred to low potency without benefit,

Table III indicates that six out of eleven failures under placebo recovered under low potency, while six out of eight similar failures under placebo recovered under high potency. Furthermore, of three failures under low potency, two recovered under high potency, while of the five cases which originally failed under high potency not one responded to low potency. Only one case which failed under placebo and

again under high potency eventually recovered on low potency. In this case hydrastis 3x brought about relief after the 30x had failed.

We may conclude, therefore, that the 34 failures were ultimately reduced to 19 by the process of transfer, and that the most obstinate cases responded more often to high rather than to low potencies.

The weakest feature of this entrire thesis is table III. The results obtained in these obstinate cases are the most vital to the rela tive value of homeopathic treatment, but in a series of nearly five hundred cases we have a total of only 34 failures which remained for further study. It is precisely these failures which demand the fullest attention and it must be borne in mind that statistics gained from such a small number as 34 are less valuable than those gained from 485. Nevertheless, the end results of these 34 cases throw a beam of light on the much disputed question of the relative efficacy of high and low potencies.

(To be continued.)

—*The Journal of the American Institute of Homeopathy.*

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"The knowledge of disease, the knowledge of remedies and the knowledge of their employment constitute medicine."

—HAHNEMANN.

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CURABILITY OF TUMOURS.

It is the curability of incurable diseases that has brought homeopathy to prominence in this country. The first impetus homeopathy received in this country was through the remarkable cures made by Babu Rajendra Dutt, and Drs. Behari Lal Bhaduri and Mohendra Lal Sircar, in such cases as cholera, typhoid fever, carbuncles, gangrene etc. The fact that homeopathy can cure tumours, was first promulgated by that famous English homeopath. Burnett. It is the inspiration from the book of Burnett that induced me to venture in the treatment of these cases. But right at the outset I must tell you, that it requires a good deal of patience on the part of the patient and a great deal of perseverance and hard painstaking work on the part of the physician. According to the allopath, these cases are relegated to the domain of surgery, and I must admit that brilliant operations

are made by such eminent physicians as the surgeons of the present day, such as Dr. Kedar Nath Dass and K. K. Chatterji and others. But people who are averse to operation, have a better way in homeopathic treatment. Many physicians of the orthodox school declare—how can a big growth disappear without an operation. Where will it go ? I ask in return, how did it come ? It will go back the same way it came. Presently I will cite examples. Then there is another question. Our learned doctors would declare that a benign growth can be removed by the knife but a malignant growth nothing can cure. Fine differentiation has been made between healthy and cancerous structures by pathologists and bacteriologists. I know something about these also. But here again comes the question of তৈলাধার পাত্র কিম্বা পাত্রাধার তৈল। The pathological changes described by the specialists are all correct. But the question is, when does the benign growth merge into the state of malignancy ? When does it become cancerous ? They declare that cancer cannot be cured and impute mean and mercinary motives to us. And very often our young physicians are thwarted in their work by the sarcastic remarks of these *sub-jantawallas*. I would ask my younger colleages to tell them that there are many things, Horatio, that are not dreamt of in your vocabulary. We have cured many cases of undoubted cancer as they declare them. Later I will cite some cases.

J. N. M.

THE RELATIVE VALUE OF HOMEOPATHY IN A SERIES OF 485 HOSPITAL CASES EXHIBITING CHRONIC CONSTIPATION,

(*Continued from page* 96, *No.* 3, *Vol. XXXI.*)

Table IV embodies the essential features of the three preceding tables, but omits certain valuable details. The slight difference in the percentage of the original failures which favors low potency by 6.59 against 4.84 is outweighed by the wider difference in the percentage of failures of transferred, obstinate cases; that of low potency being 66.66 against 35.71 for high potency.

This much stands out clearly; namely, that even when we add 19 obstinate cases which failed under placebo to the 318 cases originally treated by homeopathic medication—giving 337 cases in all—there were 313 recoveries and only 24 ultimate failures, a percentage of 7.12. This is distinct from the 16.15 per cent failures under the 167 cases treated by placebo.

It may seem unfair to the record of the homeopathic series to include under it the failures picked up from the placebo series. This is done to counteract the skeptic's remark that no cases which failed under homeopathic treatment were given a chance under placebo. I will leave this refinement in research to some one who lacks that degree of confidence in the efficacy of homeopathic medication which I have acquired. This confidence has been increased by the results obtained through the compilation of these statistics. I might add that before these tables were completed to give a proper view of the work, I had feared that the milk sugar in our homepathic preparations was even more potent than it really is. The results indicate that the milk sugar is sufficiently potent in itself to effect a cure in 83.85 per cent of the cases properly instructed in other respects but that the

homeopathic dose contained in similar looking pellets was necessary to cure 13 of the 19 remaining cases. In other words, the failures under placebo may be reduced by more than two-thirds, or by 68.4 per cent by the administration of homeopathic medication.

Before closing, I wish to make a few remarks regarding the causes of failures in obstinate constipation. Among the 19 ultimate failures of Table III, the following list of diagnoses is of interest.

Gastroptosis and coloptosis	5
Gastroptosis and enteroptosis	1
Carcinoma of colon (refused operation) ...	1
Dilatation of the colon	3
Rectocele (referred from gynecological) ...	1
Pyloric stenosis (eventually consented to operation) ...	1
Hemorrhoids (and chronic bronchitis) (refused operation) ...	1
Chronic appendix (diagnosed by X-ray, refused operation, aged 64)	1
Diabetes	2
Cause of constipation undetermined	3
Total	19

Among the recoveries the following list of diagnoses is of interest:

Gastroptosis and coloptosis (Homeop. after failure on placebo)	2
Gastroptosis (2 Homeop. 1 placebo)	3
Rectocele and cystocele (Homeop. large enema habit, referred from gynecological)	1
Duodenal ulcer (Homeopathic)	5
Multiple post-operative adhesions (Homeopathic) ...	2
Hemorrhoids (23 Homeop. 8 placebo, 2 failed on placebo)	29
Diabetes (Homeopathic)	2

Cirrhosis of liver (Homeopathic)	2
Pernicious anæmia (Homeopathic)	2
Tabes dorsalis (Homeopathic, referred from neurological)	1
Myocarditis, chronic (Homeopathic)	14
Valvular heart disease (Homeopathic) ...	2
Arthritis, multiple, chronic (Homeop. 28, placebo 5)	33
Lead poisoning, chronic (Placebo)	1

In all these cases, the above conditions contributed to the constipation, and yet the constipation was relieved even though the underlying conditon persisted, except in the cases of hemorrhoids and lead poisoning. In six instances, the hemorrhoids were said by the patient to have disappeared. This will show to a certain extent how the cases with definite symptoms of other diseases were rarely selected for placebo. It also shows that some of the mechanical causes of constipation may be overcome by treatment. The two cases of diabetes did not establish natural movements until they had been sugar free for several weeks. The two cases of cirrhosis established natural movements within three weeks, and the case of tabes within five days. It is impossible to determine the importance of the homeopathic medication in these cases since diet and other regulations were given first attention. Furthermore, the homeopathic remedy in these cases, as I have already stated, was directed at the symptoms resulting from the underlying condition, and the constipation element was not usually studied as carefully as it might have been. However, these excuses may appear to be irrelevant inasmuch as they recovered. The cases that failed to establish natural movements under homeopathic medication did receive due attention—though often belated—from the standpoint of the materia medica.

I wish to express my indebtedness to my assistants at the clinic, Drs. B. C. Woodbury and A. A. Binasco for their

untiring zeal in incorporating statistics in the patient's histories and subsequent records which made possible the compilation of these records. I am also indebted to the similar work of the late Dr. Mary Parker. To my secretary, Miss F. E. Gordon, is due the credit for arranging the original and complex data which I dictated personally from the original records, much of which could not be suitably adapted to this thesis.

SUMMARY.

Under an initial fat free, meat free diet and similar instructions as to habits :

1. Eighty-four per cent of those treated by placebo recovered, the failures being 16.15 per cent.

2. Of 19 failures under placebo, 13 subsequently recovered under homeopathic medication, reducing these failures from placebo by 68.4 per cent.

3. Ninety-four and one-half per cent of those originally treated by homeopathic medication recovered, the failures being 5.34 per cent.

4. After transferring 19 failures under placebo to the homeopathic group, where 13 of these recovered, the total failures under homeopathic medication were 7.12 per cent.

5. Original failures under low potency were 4.84 per cent.

6. Original failures under high potency were 6.59 per cent.

7. Of 18 failures transferred to low potency, 6 recovered, the failure percentage of these transfers being 66.66.

8. Of 14 failures transferred to high potency, 9 recovered, the failure percentage of these transfers being 35.71.

9. Among the original failures under low potency, two recovered under high potency, while none of the original five failures under high potency responded to low potency.

10. One failure under placebo was transferred to high potency without benefit and eventually recovered under a low potency of the same remedy.

Discussion.

For a proper understanding of the conclusion, the following considerations must be borne in mind :

1. The placebo group was largely made up of those cases of constipation manifesting symptoms chiefly due to the cathartic habit. These cases received the least individual study and attention.

2. The homeopathic group comprised most of those cases of constipation exhibiting a disease demanding treatment aside from the constipation ; and, on the success of this treatment, the relief of the constipation was more or less dependent. In these cases, the constipation itself often received much too little consideration in the selection of the homeopathic remedy. Furthermore, in some of these diseases the orther measures employed were of more apparent beneficial effect than the homeopathic remedy, as for instance the diet in chronic interstitial nephritis, duodenal ulcer and diabetes.

I am fully aware of the dangers involved in drawing conclusions in the face of such complex factors as those presented in this study. I am also aware of the gratifying results obtained by other methods in the treatment of constipation, a factor which adds to the complexity of the problem.

The relative value of homeopathic medication in this series of 485 cases can be determined by the ratio of the failures under medication and the failures under placebo, and also by the end results of those cases which failed under placebo and were later placed upon the homeopathic remedy.

In both instances the actual value of the homeopathic medication is sufficiently definite to carry weight and is worthy of attention. On the other hand this relative value is not so great but that it causes one to reflect upon the limitations of the benefits to be derived from the general use of this form of pharmaco-therapeutics in these cases.

With all these things in mind it is possible to deduce from these statistics that homeopathic medication exerts a beneficial effect in cases exhibiting chronic constipation, as evidenced by the following :

CONCLUSIONS.

1. Among the original or untransferred cases, the failures under placebo exceeded those under homeopathic medication by 10.81 per cent.

2. The actual efficacy of homeopathic medication after failure under placebo could only be demonstrated in 13 out of 19 such failures or in only 7.78 per cent of the 167 cases originally treated by placebo. To view this from another standpoint, however, it is apparent that :

3. Out of 19 failures under placebo transferred to homeopathic treatment, 13 recovered, thus reducing these failures by two-thirds or by 68.4 per cent.

—*The Journal of the American Institute of Homeopathy.*

Clinical Cases.*

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RHEUMATISM.

Frank D., married, aged 41.

September 13, 1917.

* Read before the annual meeting of the Minnesota State Homeopathic Institute, May 17 and 18, 1921.

Rheumatism began when he was 12 years old, after wading in water, in the spring. Knees and ankles were swollen. Mother rubbed him with liniment.

When 24 years old the rheumatism reached the hips, taking the whole of the lower limbs. Rubbing again.

For the last four years spells come and go.

This time, pains began in the back, after digging ditches in cold, damp ground.

Pain has extended to left ilium, the sacro-iliac joint.

< Cold, damp weather.

> Motion.

Stiffness on beginning to move. He is now laid up in bed. Left spermatic cord swollen, with a pulling, drawing sensation in the cord for the last three weeks, since the lumbago began.

Thirstless.

Urine deep red.

Bowels constipated.

Night sweats.

Itchy skin, when wearing flannels.

RHUS TOX. 1 m.

September 20, 1917.

Appetite has rerurned.

Thirst has returned.

Night sweats much >.

Bowels now move daily.

Urine has taken on a normal, yellow color.

Sore soles for a couple of hours, on Tuesday, the 18th.

Piles returned on Friday, the 14th, and left him on Sunday.

On Monday and Tuesday, lower limbs very itchy on taking clothes off. Rubbed them till they bled.

Coldness in left lung felt on inspiration, since Sunday, the 16th.

SAC. LAC.

October 5, 1917.

Feels well. Back well.

Left spermatic cord is now painless and not swollen.

Coldness in left lung on inspiring is absent.

Night sweats occasionally.

SAC. LAC.

November 16, 1917.

Pains in arms and legs from dampness of the ground, through plowing.

More so in the kness, left < than right one.

Night sweats absent.

RHUS TOX. 10 M.

The patient received several doses of *Rhus tox.* after this, and was later discharged in good health.

RHEUMATISM.

Wilfred P., *æt.* 10.

April 18, 1921.

Inflammatory swelling of left ankle began two weeks ago. Mother used local treatment.

Pain next moved to left shoulder blade, hand and fingers, while left ankle improved.

Finally rheumatism settled in right ankle and left scapula.

Last night mother had to turn him over very often in bed. Pains got < at 8 P. M., after two hours of sleep,

First pains were also felt after sleep, one morning, on waking.

Pains seemed to be > motion.

Appetite diminished.

Last night perspiration with the pains.

Boy has lost much flesh, lately, and color also.

LACH. 10 M.

Child improved at once, and was well in a few days, and returned to school.

GALLSTONES.

Mrs. Mary D. B., married, *æt.* 70.

April 22, 1920.

Allopathic treatment has done no good, and has advised an operation for relief.

Dull pain in right hypochondrium, preceded by excruciating pains.

Drawing sensation in right hypochondrium when lying on left side.

Stiffness, tension in right hypochondrium in the afternoon.

Flatulence well pronounced some days ago; not so bad now. Instead of stool would pass only flatus.

NAT S. 10 M.

Patient improved immediately and has remained free from her trouble since.

WART.

Thomas B., married, *æt.* 72.

May 9, 1920.

A jagged, brown, flat wart on concha of left ear. Very sensitive to touch, when working the ear.

THUJA 200TH.

June 17, 1920.

Wart crumbling away. Half of it gone already.

THUJA 200TH.

The wart disappeared entirely shortly after.

GONORRHŒA.

R. D., *æt.* 19, single.

Gonorrhœa contracted in October, 1918. The case was not mild in character.

Discharge, bloody ; green and copious.

Tenesmus vesicæ.

Bubo.

Itching, biting feeling all along the urethra after urinating.

The patient could not keep away from the company of women, from dancing, smoking and hard work, at times drinking a little. The bubo did not disappear till January, 1920. Pain in left heel on walking developed in summer of 1919, but patient never mentioned it till March, 1920, when both heels were sore to touch and pressure. The discharge was still there, the burning also. *Med.* helped the feet for a short while. *Thuja* was given next, with the result that the discharge stopped almost entirely, and the feet got <. This meant suppression. To the mind of the writer it spelled ignorance and incompetence on his part. *Med.* was given again, but to no avail. The discharge was barely perceptible ; the little of it was green, offensive like "rotten" milk ; and the feet were getting < all the time. The writer wanted to prescribe *Ledum* in March, 1920. But *Ledum* has no green discharge, and *Ledum* had not yet won its laurels in rheumatism associated with gonorrhœa suppressed or active.

On October 16, 1920, better judgment prevailed, and the writer gave *Ledum* 10 *m.*, on the strength of sore heels from walking, and the gonorrhœal constitution, though very slightly so, of the remedy.

Quite a turmoil followed, The discharge grew <, and the feet also. The other symptoms felt in the urethra the first year or so of the trouble returned also. That was a sure sign the boy was on the right road this time. During the turmoil the patient developed numbness of the two middle

fingers of the left hand, morning, after rising, while dressing or washing himself up.

On December 12, 1920, no ains in f e. No numbness of fingers. No burning in urethra. No discharge

January 12, 1921, pains in feet, felt only occasionally.

LED 10 M.

May 3, 1921. Patient wrote as follows: "I am enjoying the finest of health. I don't know whether I am cured or not, but haven't been bothered with anything for several months."

GASTRITIS OF PREGNANCY.

Mrs. Rena L., *æt.* 26.

April 22, 1920.

Last menstruation latter part of February. The "flu" one month ago.

On rising on the 7th of April felt nauseated; vomited green and bitter stuff on that morning and the following morning.

Now vomits at night, whenever she wakes up.

Vomits watery slime.

Thirst unquenchable for large, cold drinks which are vomited one hour or so after taking them.

Salivation; spits phlegm constantly, which accumulates in throat; must spit it up; if not, she will vomit.

Weakness; has kept her abed for about a week. Allopathic counsel has failed to relieve her.

Vertigo on rising from bed.

Everything tastes sour.

Must put vinegar and soda in water in order to be able to drink it, so bad the taste of water is, yet she craves cold water.

Appetite wanting.

Nose dry ; with obstruction and a dry, green discharge.

Throat dry and cold.

Desires alcoholic drinks, whisky.

PHOS. 1 M.

Patient needed no further care ; in less than two days, she was well and on her feet.

HAY ASTHMA.

Mrs. Mamie B.

September 8, 1919.

Hay asthma for last twelve years or longer, developed one summer day after eating ice cream, while she was over-heated.

Mother died apparently from tuberculosis.

Father has had hay asthma for years.

Her attacks always come on the first part of August.

First she sneezes, only a watery discharge and bland.

Nasal discharge becomes acrid, when it thickens and takes on an amber, yellow color. She says her nose then discharges "caterpillars," or long, yellow plugs.

Smell and taste lost when nasal discharge becomes thick.

Lachrymation sets in about three weeks after the coryza has begun.

Eye discharge is first watery, but becomes yellow and thready later. Eyes are very itchy.

Asthma is felt about one month after the nasal discharge has started and lasts till cold weather sets in.

Very sensitive to heat during her attacks of annual hay asthma.

Very hungry then also. She craves something to eat all the time.

IOD. 200TH.

The medicine did her much good.

July 18, 1920.

In order to minimize, or shorten, the attack in 1920 she was given *Iod. 200th* on the above date ; and the results were gratifying ; she hardly developed any asthma, except one or two evenings the latter part of August, yet she slept every night. In the preceding years, when the asthmatic stage arrived, she could hardly sleep at night, and she had to lie almost in a sitting posture. In 1920 the nose and eye symptoms were barely noticeable, and were so only for a short while.

One dose of *Iod.* prevented much suffering. The case is not cured yet. It takes longer than that, and higher potencies than the 200th to eradicate the psoric dyscrasia present in hay fever and hay asthma individuals. But under appropriate homeopathic treatment, the attacks are shortened in time and lessened in intensity, till they do not appear again. This case is reported here to illustrate the contention and experience of all close prescribers. If simplicity of means leads to great results, and reveals mastery of principles, can we say the same of all the so-called scientific fads of allopathy for the treatment of hay asthma wherein, as in the treatment of syphilis, we see a fine display of brawn and awkwardness ?

About seven or eight years ago I reported before this Institute the case of a young woman whose gastric ulcer had yielded to *Mezereum*. That woman is still alive and doing well, and raising a large family, at times, twins. Fortunately for her, her father refused to let her be operated on by a leading St. Paul surgeon. For, tell me; are all the gastric ulcer cases that to your knowledge were operated on in 1913 still alive and doing well ? This is the work of homeopathy, and there is no trick to do it, simply principles.

GENERAL DEPLETION, A DULCAMARA CASE.

In the latter part of July, 1920, a homeopathic physician

in St. Paul advised me by telephone that my third boy, then 17 years old, was apparently suffering from typhoid fever. I went immediately and brought the boy back home.

On that evening his fever was 103.

He had a moist eruption on the scalp. The scalp was swollen, sensitive. His hair was falling off rapidly, more so on the left side of the head.

About midway between his larynx and throat pit and to the right of the median line, was a fluctuating tumor, which, under pressure, emptied green matter into his throat. This had followed upon an attack of throat.

A putrid diarrhœa was also present, with

Great weakness, and

Vertigo.

On rising, or standing up, he felt as if he would fall head over heels, and the pounding in his head was almost unbearable.

The boy was lifeless and blodless. He was put to bed and given *Bry.* 1 m. On the next day there was improvement.

Two days later, the vertigo, the pain in the head and the diarrhœa were the same as when he was given *Bry.*, and also the fever, and the weakness. But one thing was showing itself for the first time in his two-to-three-months-old ailment. It was *herpes on the forehead.*

This peculiar symptom, coupled with the scalp eruption, the diarrhœa and the history of the case, as the boy, being in the employment of Swift & Co., had frequently been in the refrigerators, after coming out of a room that was over 80 degrees, and also he had been camping out the first part of July and during a storm, one night, which swept the tent away, was drenched, all of this was sufficient to clearly indicate *Dulcamara.*

The choice of the remedy was found to be correct, as

forty-eight hours later the boy was out, wobbling of course, if he attempted to walk, yet feeling better in every way. His prompt recovery surprised many of his friends—and how would his case have turned out if he had not taken *Dulcamara* ?

—*The Homeopathic Recorder.*

AN APPEAL TO ALL HOMEOPATHS.

It is a matter of no small satisfaction to the lovers of Homeopathy that within the course of a decade or two, this new Science has taken a firm hold in the soil of Bengal, inspite of the regular opposition of many men of the other camps and the lack of Government support. There is something in the very nature of this Science which is pre-eminently suited to the spiritual refinement of the Indian mind. If it had not done more, the fault is ours, and not of the people. The way in which the knowledge of this science is imparted is unsatisfactory in the extreme and calls forth immediate mending. Each institution has its own curriculum, its own fees and test, its own way of judging efficiency in such a sphere as is concerned with the health and life of hundreds of men. There is no unity, no co-ordination, no common tie among the several college which profess to teach Homeopathy. The immediate result of this, is the inequality of status and the cosequent loss of prestige. One college aims at stringent test, the other is not so severe, the third is lenient—and yet

the alumni of these different colleges have all to do with the questions of life and death. So there is no common test or standard to go by and people often look at these things with a feeling of anything but respect and admiration but the more remote result of this is even more serious. Homeopathy can never progress on a true and scientific line uuless there is unity and co-operation. The soil is ready for our work but we, blinded by our selfish and immediate self interest would not reap the true seed which is destined to flourish in the time to come with a view to discuss these things and to attempt to find a common platform where all the lovers of homeopathy can join hands and work with a common zeal and purpose. A meeting was called a few months back but the stoutest opposition to this scheme came from some of the leading homeopaths of the day, who could not forget their vested interest and rise to the occasion. The plan to form a central board of teaching and examining which will settle the tests, curriculas and the ways and methods to be followed by different colleges was overthrown by some learned physicians whose self-interest would be jeopardised by such a course. Surely this is not the spirit in which one is to impart the knowledge of that great Science to which Samuel Hahnemann was a martyr. This is not doing honor to the memory of that great "Guru" whose "Chelas" we all claim to be. 'Sursum Corda'—Raise your heart—should be the motto in this work and if this is done, there is every chance of forming a sort of

University with a Homeopathic hospital to carry on in a more systematic and more successful manner, the great work which the individual colleges with their feeble resources are doing. It is not in bifurcation but in consolidation and co-relation that the strength of all movement lies. Therefore, I invite, all lovers of Homeopathy to join hands and find out the true solution of this problem.

7, Badur Bagan Row, Calcutta. | Harendra Nath Mukherji, M.B. (Homeo.)

NEEDS OF HOMEOPATHY,

The practice of Homeopathy has extended in a remarkable degree during recent years. The Homeopathic doctors can be counted by hundreds. But a singular lack of organisation among the votaries of the science which claims universal respect is really disappointing. Two things are obviously needed for the promotion of the science and its efficient application: First, the creation of an institution similar to the medical club of the Allopaths, which will afford opportunities to practitioners of all shades to meet and confer from time to time; Secondly, the establishment of a kind of university which alone will be entrusted with the power of examining and confering degrees: Efforts have been made more than once by some leading Homeopaths to satisfy these needs and appeals made especially in the pages of the

Homeopathic Director, but they failed presumably for want of sympathy and co-operation. Lack of fund would be no excuse.

The creation of the institution I have referred to would mean the establishment of social and amicable relationship among all practitioners. It would also mean that the leaders would give occasional discourses relating to their personal experience in the profession and to any research work which they could make. The Junior members of the profession would be immensely benefitted by such discourses. The establishment of the university will require sacrifice on the part of many. We have in Calcutta alone several Homeopathic Colleges with their respective Directors each of which is self-constituted and undertakes to teach, examine and confer degrees. The Principals and professors of these Colleges ought to combine their diverse interests, ought to be unified and represented in our great institution which will undertake teaching on a large scale and which alone will be entrusted with the examining of students and conferring of degrees. The pupils will thus have the benefit of the services of the best of the profession. In short, this university will be the centre of Homeopathic training and culture and will be looked upon with reverence and gratitude by all outgoing pupils as their "*Alma Mater*."

I make, therefore, this appeal to all the leading Homeopaths. They ought to spend a part of their energy for this cause. They are called upon to make

a bit of sacrifice. The demand is imperative but, I trust, is fittingly made to those who have pledged themselves to the service of humanity.

7, Badur Bagan Row, Haredra Nath Mukerji M. B.
CALCUTTA. (Homeo.)

COUGH.

By A. B. Hawes, M. D, Bridgewater, So. Dak.

Cough :—Baryta carb., Dolichos, Kali carb., Kreosotum, Sambucus, Sepia.

Cough accompanied by expectoration of mucus : Jodium.

Cough accompanied by pain in the loins and sides : Kali brom.

Cough accompanied with aching pain in the ear : Capsicum.

Cough accompanying intermittent fever : Podophyllum.

Cough after a meal : Nux vomica.

Cough after dinner impeding speech : Argentum nitr.

Cough after drinking : Arsenicum alb.

Cough aggravated in the evening : Eupatorium perf.

Cough after going to bed : Natrum mur.

Cough after midnight, also with huskiness and accumulation of mucus in the chest : Baryta carb.

Cough from the slightest cold, in the evening, when rising from bed, or when leaving a warm room and entering a cold one : Carbo veget.

Cough and bloody expectoration during lactation : Ferrum acet.

Cough and coryza : Granatum.

Cough and coryza day and night : Natrum carb.

Cough and coryza, he can scarcely talk : Digitalis.

Cough and coryza, then diarrhoea : Sanguinaria canad.

Cough and expectoration the whole day : Calcarea carb.
Cough and gagging, with difficult expectoration : Causticum.
Cough and expectoration, with taste of Sulphur in the mouth, and dull frontal headache : Hamamelis.
Cough and phthisis : Acacea.
Cough and sneezing : Tartar emetic.
Cough as from expectoration looking like boiled starch : Digitalis.
Cough and great thirst after a meal : Belladonna.
Cough and pain in the chest at night : Lycopodium.
Cough as if occasioned by smoke of Sulphur, with sense of suffocation, or constriction in the trachea : Arsenicum alb.
Cough as soon as he lies down : Sabadilla.
Cough at every inspiration : Sulphur.
Cough at every inspiration, evening and night : Squilla mar.
Cough at night during sleep : Arnica mont.
Cough at night for want of breath : Aurum.
Cough at night in bed : Lachesis.
Cough at night waking from sleep : Sepia.
Cough at night when waking : Causticum.
Cough aggravated during the menses : Zincum met.
Cough becoming loose in the open air : Nux vomica.
Cough brought on by titillation in the throat : Kali carb.
Cough causes pain in the middle of the sternum darting through to between the shoulders : Kali bich.
Cough causing vomiting and retching in the evening : Carbo-veget.
Cough coming on in bed, or when getting heated when working, with creeping from the chest to the throat : Nux mosch.
Cough coming on while reading or reflecting : Nux vomica.
Cough commencing with titillation in the larynx and suffocation : Anacardium.

Cough continuing without an interruption after walking in the cold air and when lying down in the morning and evening, accompanied by colic : Ipecac.

Cough day and night as if caused by asthma and shortness of breath : Euphorbium off.

Caugh day and night with soreness in the chest : Kali nitr.

Cough day and night : Sepia.

Cough deep from the chest : Drosera rot.

Cough deep in the chest : Selenium.

Cough in the chest which does not abate until vomiting and a discharge of watery mucus ensue : Mezerium.

Cough during a walk in the open air : Arsenicum alb.

Cough during deglutition : Opium.

Cough during movement with want of breath : Arsenicum alb.

Cough early in the morning : Antimonium crude., Arsenicum alb., Calcarea carb.

Cough early in the morning after rising, in paroxysms ; decreases in severity ; Antimonium crude.

Cough early in the morning after rising, in paroxysms : Antimonium crude.

Cough early in the morning very violent, or shortly after taking tea : Arsenicum alb.

Cough early in the morning, with yellow discharge : Calcarea carb.

Cough early in the morning with difficult expectoration : Cantharic.

Cough especially in the evening : Capsicum.

Cough even to retching : Squilla mar.

Congh excited by a scraping sensation in the throat : Ambra gris.

Cough excited by a sensation as of a plug being lodged in the throat, which is moving up and down : Calcarea carb.

Cough excited by a smarting and burning in the larynx, or with thick expectoration : Zingiber.

Cough excited by an accumulation of mucus and a tickling in the trachea : Pulsatilla.

Cough excited by continual speaking : Baryta carb.

Cough excited by crawling below the larynx : Kreosotum.

Cough excited by eating. Calcarea carb.

Cough excited by laughing and titillation in the throat in the evening : China off.

Cough excited by pressure in the larynx : Lachesis.

Cough excited by reading ; talking or singing : Stannum met.

Cough excited by yawning : Pulsatilla.

Cough excited by inclination to vomit : Capsicum.

Cough fatiguing the chest and stomach : Sepia.

Cough fatiguing the chest with pains deep in the chest : Graphites.

Covgh after measles : Eupatorium perf

Cough several hours a day, with pain in the stomach and abdomen : Phosphorus.

Cough from drinking cold watèr : Squilla mar.

Cough from dryness in the throat : Petroleum.

Cough from irritation in the chest : Rhus rad.

Cough from irritation in the throat : Chenopodii.

Cough from laughing : Phosphorus.

Cough from lying on the right side : Stannum met.

Cough from scraping and rawness in the throat : Hepar sulph.

Cough from talking and inhaling air : Camphor.

Cough from tickling in the larynx : Carbo anim.

Cough from tickling in the throat in the evening : Niccolum.

Cough from tickling in the throat with feeling of burning dryness in the throat : Lactuca vir.

Cough from titillation in the chest : Stannum met.
Cough from titillation in the throat : Bovista.
Cough from titillation in the throat, particularly when walking, and taking deep breath : Natrum mur.
Cough from titillation in the chest : Phosphorus.
Cough from titillation in the throat pit : Natrum mur.
Cough in anæmic persons : Calcarea phos.
Cough in children caused by weeping and lamenting : Arnica mont.
Cough in pregnant females : Conium mac.
Cough in scrofulous persons : Conium mac.
Cough in the evening : Arsenicum alb.
Cough in the evening, after lying down : Drosera rot.
Cough in the evening and early in the morning : Hepar sulph.
Cough in the evening immediately after lying down in bed : Petroleum.
Cough in the evening, in bed : Kreosotum.
Cough in the evening, in bed, or at night, obliging him to sit up or with asthma and suffocative fits : Arsenicum alb.
Cough in the evening in bed, and on going to sleep : Coffea cruda.
Cough in the evening with great exertion and heaviness in the chest : Caladium seg.
Cough in the hot stage of fever . Aconite.
Cough in the morning after going out of his room, with profuse expectoration of mucus : Allium sat.
Cough in the morning with profuse mucus expectoration : Kali bich.
Cough in the morning with tough expectoration : Kali bich.
Cough in the night previous to the paroxysm : Eupatorium.
Cough in the open air and when going up stairs : Kali nitr.
Cough increasing when lying down : Conium mac.
Cough inducing a desire to vomit : Phosphoric acid.

Cough inducing vomiting : Nux vomica.

Cough is worse at night than in the daytime : Natrum mur.

Cough is mostly dry, short, with scanty expectoration, seldom streaked with blood, debility always very great : Carduus mar.

Cough occasioned by a constant irritation or titillation in the trachea : Arsenicum alb.

Cough occasioned by a contractive titillating sensation in the throat, extending from the upper part of the larynx to the lower part of the bronchial tube ; also when lying on the left side : Ipecacuanha.

Cough occasioned by a jerking in the hip : Arsenicum alb.

Cough occasioned by burning in the chest : Phosphoric acid.

Cough occasioned by burning titillation in the upper part of the larynx : Euphorbium off.

Cough occasioned by deep breathing . Bromine.

Cough caused by titillation in the larynx : Lachesis.

Cough occasioned by ulsers in the throat : Lachesis.

Cough occasioning a headache as if the skull would burst : Nux vomica.

Cough occasioning a pain as if bruised in the epigastrium Nux vomica.

Caugh occasioning an inclination to vomit : Ipecacuanha.

Caugh of children occasioned by anger : Tartar emetic.

Cough of phthisis : Naja trip.

Cough of pregnant females : Nux mosch., Sepia.

Cough on movement : Rhus rad.

Cough only in the day time : Nitric acid.

Cough only in the day time, with mucus in the chest which cannot be detached : Euphrasia.

Cough preceding measles : Eupatorium perf.

Cough producing a feeling in the ribs as if bruised : Arnica mont.

Cough resembling whooping cough, with vomiting : Veratrum alb.

Cough returning every other day with violence : Nux vomica.

Cough starting from the larynx, which the patient grasps with the hands : Allium cepa.

Cough, the fits being so rapid that he is scarcely able to breathe : Drosera rot.

Cough toward evening for an hour, suffocating, fatiguing, exhausting : Ipecacuanha.

Cough toward midnight, with oppression of the chest and coldness : Gratiola.

Cough when moving the body : Nux vomica.

Cough when reading aloud : Mephitis put.

Cough which contracts the chest : Ammonium carb.

Cough which is excited by drinking or talking, by movements or deep inspiration : China off.

Cough which is frequently dry, short and hacking, with pain in the pit of the stomach and scraping, raw sore pain in the region of the larynx : Sepia.

Cough which is occasioned by darting in the throat : Cistus can.

Cough when breathing deeply, especially when lying on the right side . Ammonium mur.

Cough when moving the body · Nux vomica.

Cough whenever one takes cold, and which is particularly troublesome at night : Aconite.

Cough with bitter expectoration : Pulsatilla.

Cough with asthma : Ammonium carb.

Cough with asthma in the evening, when in bed, deep out of the chest, extremely violent : Ammonium carb.

Cough with blood-streaked expectoration : Sepia.

Cough with bloody expectoration : Conium mac., Lycopodium, Mercurius cor., Nitric acid, Squilla mar.

Cough with bloody mucus, also in the morning : Silicea.

Cough with chilliness all over : Phosphorus.

Cough with clawing and tearing in the throat and violent pain in the head : Alumina.

Cough with copious jelly-like expectoration mixed with bloody points : Laurocerasus.

Cough with copious watery expectoration : Daphne ind.

Cough with danger of suffocation : Nux vomica.

Cough with difficult expectoration : Sepia.

Cough with coryza : Calcarea carb.

Cough with discharge of blood : Plumbum met.

Cough with discharge of blood from the nose and mouth Nox vomica.

Cough with discharge of thick pus : Carbo anim.

Cough with discharge of viscid thin phlegm deep out of the chest, early in the morning : Antimonium crude.

Cough with distinctly yellow sputa, which is worse in the evening or in the heated atmosphere, better in cool fresh air : Kali sulph.

Cough with emission of urine and concussion of the abdomen : Kreosotum.

Cough with expectoration : Kreosotum, Squilla mar.

Cough with expectoration and great weakness of the stomach : Lycopodium.

Cough with expectoration day and night : Natrum mur.

Cough with expectoration mixed with drops of blood. preceded by a scraping sensation in the chest : Staphysagria.

Cough with expectoration of albuminous mucus, not yellow : Calcarea phos.

Cough with expectoration of tenacious mucus, with painful concussion of the scapula, and with vomiting of bile : China off.

Cough with expectoration of fetid mucus : Calcarea carb.

Cough with expectoration of fœtid pus : Guaiacum.

Cough with expectoration of bright red blood, and qualmish feeling in the chest : Rhus tox.

Cough with expectoration of frothy, bright red blood mixed with coagulated clots and mucus : Arnica mont.

Cough with expectoration of mucus and blood : Calcarea caust.

Cough with expectoration, especially in the morning, with pain in the region of the liver : Borax.

Cough with expectoration of mucus, excited by scraping in the larynx, especially in the throat : Hepar sulph.

Cough with expectoration of pieces of dark coagulated blood : Pulsatilla.

Cough with expectoration of tenacious mucus, with stitches in the sides of the chest : Dulcamara.

Cough with expectoration of white mucus, attended with paroxysms of spasmodic asthma : Cuprum met.

Cough with expectoration of white mucus and coryza : Ambra gris.

Cough with expectoration of yellow mucus : Pulsatilla.

Cough with expectoration of yellow, purulent mucus : Corallium ruo.

Cough with expectoration of bloody phlegm, weight upon the chest, short breathing, especially in ascending an eminence : Ammonium carb.

Cough with expulsion of phlegm and soreness in the throat : Ammonium carb.

Cough with flow of tears and flow of urine : Natrum mur.

Cough with flushed face and tearful eyes : Eupatorium perf.

Cough with gray expectoration : Lycopodium.

Cough with grayish expectoration : Azadirachta ind.

Cough with greenish expectoration : Hyoscyamus Stannum met.

Cough with headache and excessive lachrymation : Natrum mur.

Cough with heat in the head : Ammonium carb.

Cough with heaviness : Silicea.

Cough with hectic and sanious mattery sputa : Calarea sulph.

Cough with irritation : Oleum anim.

Cough with jelly-like expectoration : Chininum sulph.

Cough with gray-salt expectoration : Lycopodium.

Cough with lancinations in the side under the left ribs : Belladonna.

Cough with mucus and hacking cough at night : Phellandrium.

Cough with occasional violent paroxysms : Ambra gris.

Cough with pain in the chest : Pulsatilla.

Cough with painful irritation in the windpipe : Allium sat.

Cough with pressure in the chest and difficulty of breathing : Jodium.

Cough with profuse expectoration : Chininum sulph., Cicuta vir.

Cough with profuse expectoration, blue face, and involuntary emission of urine : Veratrum alb.

Cough with profuse expectoration of mucus and occasional vomiting of mucus, particularly in the evening . Carbo veget.

Cough with purulent discharge after measles : Chininum sulph.

Cough with purulent expectoration, hectic fever, and corroded; ulcerated lungs : Pulsatilla.

Cough with purulent expectoration night and morning : Ledum.

Cough with rawness and heaviness in the chest : Phosphorus.

Cough with rawness in the throat,' without expectoration : Causticum.

Cough with rawness in the throa' and pressure in the ehest : Borax.

Cough with retching and vomiting and expectoration of bloody mucus : Natrum mur.

Cough with retching : Kreosotum.

Cough with retching, only saliva being thrown off : Kreosotum.

Cough with roughness during and after measles and rubeola : Nux vomica.

Cough with saltish expectoration : Ambra gris.

Cough with saltish, purulent expectoration, particularly morning : Phosphorus.

Cough with soreness and heat in the bronchi : Eupatorium perf.

Cough with soreness and stitches in the chest : Asclepias tub.

Cough with soreness in the chest, as if ecchymosed : Arsenicum alb.

Cough with stitches in the chest : Calcarea caust.

Cough with stitches in the head : Zincum met.

Cough with stitches in the side and bloody expectoration from the lungs ; Crotalus hor.

Cough with stitches in the side of the chest : Arnica mont.

Cough with suffocation symptoms : Bromine.

Cough with thick sputa : Azadirachta ind.

Cough with thick, white, bloody or mucous expectoration : Aconite.

Cough with tickling in the chest : Phosphorus.

Cough with titillation : Staphysagria.

Cough with titillation in the throat : Silicea.

Cough with transparent, dirty, slate colored sputa, easily detached : Kali bich.

Cough with uninterrupted breathing, almost suppressed : Cuprum met.

Cough with vomiting : Daphne ind., Daphne mezerium., Nitric acid.

Cough with vomiting of the ingesta : Natrum mur.

Cough with vomiting when expectorating : Silicea.

Cough with wheezing breathing, a deep inspiration : Cuprum met.

Cough with yellow discharge : Calcarea caet.

Cough with yellow expectoration : Phosphoric acid.

Cough with yellow expectoration, like pus : Staphysagria.

Cough with yellow expectoration on entering the room with bruised pain in the chest after coughing : Veratrum alb.

Cough when the expectoration is yellow, tenacious and ropy, causing it to slip back and is generally swallowed : Kali sulph.

Cough when tiny lumps of yellow tough mucus are expectorated : Calcarea fluoricum.

Cough with either salt foetid or purulent discharge : Natrum carb.

Cough without expectoration : Ledum.

Cough worse in a warm room, better in the open air : Allium cepa.

—*The North American Journal of Homeopathy.*

THE INDIAN

HOMEOPATHIC REVIEW.

A monthly journal of Homeopathy and collateral sciences.

"The knowledge of disease, the knowledge of remedies and the knowledge of their employment constitute medicine."

—HAHNEMANN.

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THE HAHNEMANN ANNIVERSARY MEETING.

The Hahnemann birth-day meeting was held in the Homeopathic hospital premises on Monday the 10th April at 6 P. M. A fairly good number of homeopathic practitioners, students and patrons of Homeopathy attended the meeting.

Dr. P. C. Majumdar was voted to the chair. Among those present were Drs. D. N. Roy, Baridbaran Mukerji, J. N. Majumdar, A. N. Mukerji, S. K. Nag, N. M. Choudhuri, Rye Mohan Banerji, Aswini Kumar Bhattacharyya and many others. Dr. Majumdar in a short speech narrated the early life and subsequent achievements of Samuel Hahnemann in the field of Medical reform. The difficulties he had to encounter in establishing the new doctrine of medical science in the minds of his professional brethren who almost without exception ridiculed the idea of such an important discovery in medicine.

Our esteemed colleague Dr. D. N. Roy then requested Dr. P. C. Majumdar to unveil the portrait of the illustrious discoverer of Homeopathy. This portrait was kept in the front hall of the hospital which Dr. Majumdar unveiled amidst cheers. It is a fine picture or likeness of our master in his old age.

Refreshments were served and the meeting dissolved at a late hour. The credit of arranging the meeting was due to Babu Ishan Chandra Chatterji, the manager of the hospital.

P. C. M.

News & Notes.

Dr. P. C. Majumdar went to Benares for recruitment of health in the month of February and remained there till the end of March. He is very much better now. During his stay in our holy city, Dr. B. K. Roy, the eminent physician of Benares, invited him in a private meeting of the students and teachers of the newly established Homeopathic College of Benares. Dr. Majumdar encouraged them to work hard for the cause of this new college. We are told his Highness the Maharajah of Benares and other big men of the place promised the authorities of the college pecuniary help. We hope the attempts of our colleagues will meet with success.

Our young colleague Dr. G. L. Gupta has built a new house in the Central Aveue. It is a nice

little house, very picturesque. We hope the doctor will enjoy it long.

Dr. A. N. Mukerji had the charge of a very bad case in the city of Amritsar in the Punjab where Dr. J. N. Majumdar went first. When the case was nearly cured, Dr. Majumdar had to come back to Calcutta giving the entire charge of the case to Dr. Mukerji.

Dr. P. C. Majumdar, the proprietor of the Calcutta School of Homeopathy and the Homeopathic Medical College, handed over the school to the trustees of the Calcutta Homeopathic Hospital by a deed of gift. The institution is now under the care of a managing committee selected by Dr. Majumdar for three years. We hope the school will prosper under the care of the new management.

We understand that the Calcutta Homeopathic Hospital needs pecuniary help very urgently. We hope the charitable public will come forward to help the only homeopathic hospital in this country.

THREE TYPICAL CASES OF BLACK WATER FEVER TREATED HOMEOPATHICALLY.

R. C. Woodhams, M. D., Aba, Congo Belge, Africa.

The two most common diseases of the white population of Central Africa are Malaria and Black Water Fever. In the latter condition we have a disease which is ideal for the exhibition of the Similimum.

Black Water Fever is characterized by the presence of large amounts of hæmoglobin in the urine giving it a color ranging from a deep brown to inky black, and by great weakness and rapid pulse with medium or slight temperature. It is undoubtedly caused by the combined action of Quinine and the Plasmodium Malariæ. Some cases would seem to show that Quinine alone is capable of producing the condition. On the other hand cases have been reported of untreated Malaria which has gone on to Black Water. From my series of cases I am of the opinion that the majority of cases follow malarial infection which has been unsystematically dosed with large doses of Quinine and especially those cases which have taken Quinine irrespective of the actual presence of the parasites in the blood,

I wish to cite three cases which were treated with the Similimum and general sustaining measures. In defence of the fact that I reached all of these cases long after the onset of the case I would say that here there are no roads and no way of travelling but by walking or by bicycle. All of the cases below I had to travel from thirty to seventy miles to reach. Under conditions where the remedy could be given early the prognosis for Black Water should be very good.

Case 1. A boy of ten years of age. I reached the case thirty-seven hours affer the onset of the black urine. Upon my arrival he was semi-conscious, delirious and unable to answer any questions. The face was hippocratic, skin cold and blanched, great rest-

lessness. The urine was black as tar and semi-coagulated in the vessel. The urine was voided at infrequent intervals and there was no urging or pain. Great thirst and he invariably vomited about five minutes after drinking. Pulse 140, thready and small. Temperature 99.

I gave Phos. 30x, ten drops in a half glass of water and two teaspoonfuls every ten minutes. After the third dose the general attitude of the patient was much changed. The face was relaxed and the restlessness was less. This improvement continued.

He also received normal saline solution by rectum and subcutaneously. The improvement from the Phos. was noted, however, before these measures could be gotten ready. Not being able to stay with the patient or return soon I left Strychnine Ars. Gr. 1/128 to be taken every three hours. Twelve hours after the first dose of Phos. the urine was clear. Recovery was complete.

Case 2. A man aged thirty. I reached the case twenty hours after the onset of the disease. This was his second attack within six weeks.

Examination showed the skin of the entire body jaundiced, face somewhat drawn and pinched. Very restless. Slightly delirious but would answer questions intelligently. Complained of great exhaustion and the character of his restlessness corroborated this. Urine black but no tendency to clot. Pulse 110. Temperature 100. Intense thirst for large amounts of cold water which were retained. No vomiting.

I gave Canth. 3x every hour. He also received one rectal injection of normal salt and one subcutaneous injection. These were not repeated as he was able to retain large amounts of lime water and tea by mouth. Twenty-four hours later the urine was nearly clear and in thirty-six hours after the prescription of Canth. it was entirely clear. At the conclusion of the black urine the remedy was changed to Ars. Alb. 3x which was continued for one week. Cinchona 1M was also given during the convalescence with marked benefit. This being the second attack within a short time the patient was ordered to return to Europe and has since reported complete recovery.

Case 3. A woman aged forty-two. The case had been in progress forty-eight hours when I reached her. The case presented the following picture: Extreme jaundice, hippocratic countenance, mild delirium alternating with lucidity, no gastric disturbance. The urine had been black and at the time of my arrival was beginning to clear. Pulse 115. Temperature 100·1.

Canth. 3x was given with no result. The delirium increased. The pulse went to 120 and would respond to neither Homeopathic prescribing or hypodermic injections. Ars. Alb. and Rhus. tox. were both given at different times but with no response. The secondary measures of Hypodermoclysis and rectal injections were used and also brandy by mouth but with no result. The condition grew steadily worse, unconscious-

ness became complete, extreme air hunger and the patient died in coma thirty-six hours after my arrival or eighty-four hours after the onset of the black water. The course of the disease was downward from the first. At the time of death the urine had been clear for twenty-four hours.

Conclusion. In order to prevent Black Water Fever let every case of Malaria be treated with the carefully selected Similimum. If this cannot be found and Quinine in material doses is given let it be given systematically. No Quinine should be taken unless the parasites are actually present in the blood cells, or better, in the blood stream. If in spite of this prophylactic treatment Black Water Fever develops give the Similimum early and use common-sense supportive adjutant measures.

—*The Journal of the American Institute of Homeopathy.*

PROPHYLACTIC CARE OF CHILDREN'S TEETH.*

Anson Cameron, M. D.
Professor of Pediatrics, Hahemann Medical College and Hospital, Chicago.

Knowledge is the greatest weapon against disease and ignorance the greatest source of disease. Right living is not a simple thing ; it requires knowledge and education with careful training and guidance, and

* Bureau of Pedology, American Institute of Homeopathy, Washington, June, 1921.

physical education just as mental and moral welfare should be acquired during youth in school. The business of protecting the lives and health of its people is the most important business of any government. Health habits are as easily formed by children as are other kinds and they insure a strong and vigorous future. A child is a bundle of possibilities and takes up very readily bad habits which often are never given up. Fortunately good habits are as hard to break as bad ones.

Early education in health rules is necessary because it is only through education that the prevention of disease can be brought about. Prevention is better than the best of cures.

That mouth hygiene is the most important branch of general hygiene is not truly appreciated. When the various pernicious mouth conditions are more fully understood by the people, we will be better able to correct them. High grade dentistry is a luxury to the great mass of wage earning people, and yet dentists are so busy repairing bad teeth that the public must be educated to keep the mouth clean and thus reduce the necessity for relief dental work.

Good health and good teeth go together ; a clean, healthy mouth is good health insurance. Many diagnostic points are to be obtained by observing the teeth of your patients. However, the teeth should not be made to bear all the blame and an examination of the patient for other sources of infection is important. Eight per cent of the total rejections in the late war

were due to defective teeth and most of the cardiac conditions were traced to decayed teeth.

Care of the teeth should begin with the baby teeth, and then should never cease. Premature loss of any of the temporary teeth causes irregular permanent teeth. The McDowell County, West Virginia, Dental Clinic is doing wonderful work for the children of the coal miners. When a child is three years old the mother brings it to the free clinic for tooth polishing and advice and is instructed to return every three months. This clinic has done much to raise the sanitary intelligence of the community.

It has been said by an authority that the most important thing a growing child does physically from birth to twelve years of age is to manufacture forty-eight teeth.

The growth and development of the upper and lower jaws is dependent in a great measure on the growth and eruption of the teeth, both deciduous and permanent. If the deciduous teeth decay, become abscessed, or are lost before the time that they should be shed it has a disturbing action on the development of the jaw tissues in that locality, and in this way we have a symmetrical development of the bones, mis-shapen faces and irregular teeth. Malocclusion, with irregular crooked teeth is so common that a regular set of teeth attracts notice as an unusual thing. Such habits as thumb sucking, pacifiers, sucking lips and tongue, and the lack of hard, chewy, coarse foods lead to development of malocclusion.

Again, the premature loss of the deciduous teeth through decay prevents the child from properly crushing his food and using the muscles of mastication which are attached to the lower jaw. We all know that it is harmful to bolt one's food and swallow it without chewing, yet few realize that it is harmful for a child not to use the muscles of mastication, as the development of the cranium is dependent to a great degree upon the pull of these muscles. The muscles that elevate or close the lower jaw are attached to the bones on the side of the face and cranium and also on the underside of the skull. When we chew our food these muscles pull on the points of attachment and in childhood they help to produce well shaped heads, jaws, and symmetrical faces and prevent development of serious deformities.

When the pulps of the baby teeth are exposed by decay they not only cause needless pain and suffering but allow bacteria to travel through to the tonsils and the glands of the neck, or to cause the same diseases as in adults. School nurses continually send to our clinics children with cervical glandular enlargements, always with the suggestion that they are due to diseased tonsils, whereas the majority of them are found in mouths filthy from decayed teeth and the tonsils are oftentimes apparently healthy. If the pulps die and the cavities are open the bacteria pass up through the root canals and thus gain ingress into the lymphatic system and blood and may produce a metastatic lesion in one, remain symptomless in another,

or be latent for years and suddenly cause widespread and disabling disease in others. Many a child has had his little body infected in this manner, and even if he has seemingly recovered some organ or organs of the body have been weakened for life, becoming a source of future trouble such as tuberculosis, endocarditis, neuritis, mental and nervous conditions, such as chorea, etc.

Recurrent glossitis, the oral inflammation of pernicious anemia, the hemorrhages of the gums and mucous membranes in leukemia and scurvy and the herpes associated with gastric disturbances exemplify the close interrelations of the tissues of the mouth with the rest of the body.

Osler once said that the troubles we eventually die of were started or produced in our youth, and clinical observations bear out his conclusion. In view of our present knowledge the old saying "A man digs his grave with his teeth" has a vastly more important meaning. Skin and contagious and nutritional diseases cause defective enamel of the teeth, which renders the child an easy victim to decay of its teeth. If its teeth decay the cavities get packed with food and become breeding places for millions of bacteria, most of which would be harmless in a clean mouth. Streptococcus viridans is the most virulent mouth organism. Great efforts are made by parents to secure pure milk for their children. By pure milk we mean milk that contains comparatively few numbers of the bacteria of a harmless variety. Yet, if the

parents would look into the child's mouth and could realize the immense number of germs present, the pus from abscessed teeth and fistulæ around the gums, they would know it was useless to hope that the milk and carefully prepared food would reach the child's stomach in a pure state.

Although the deciduous teeth are lost early in life, yet it is more important to keep them clean and free from cavities during the growing period than is the preservation of the permanent teeth in adult life. Both sets are important, but of the two a clean, sound set of deciduous teeth constitutes a more vital influence for the proper development of a growing body than the permanent teeth in adult life.

Bridgeport, Connecticut, and the Forsyth Free Dental Clinic of Boston are pioneers in preventive dentistry and a review of their statistics is really amazing when one realizes the results obtained. Women trained as dental hygienists in the course of their school curriculum look after all public school children, putting their mouths and teeth in good condition and following this up with instructions as to how to prevent an insanitary mouth. They have toothbrush drills in school and stereopticon lectures, and they educate the parents with literature.

Brushing should be done with a rolling motion, first the outside of the teeth, then the inside, and lastly the roof of the mouth, after each meal, and at bedtime dental floss should be used between the teeth and the mouth should be rinsed with lime water. A

small brush is necessary to thoroughly cleanse the mouth. The personal attention of the mother is needed if a child under ten cleans its teeth three times a day. The thorough cleansing after the last meal is the most important of all since the lactic acid which is formed by the decomposition of food and germs in the mouth is produced mostly at night, at which time most of the serious results occur. The lactic acid dissolves the weak spots of the enamel and cavities result. The mouth is an ideal incubator.

It is estimated that only fifteen per cent of the American people use tooth-brushes, and an investigation of the New York schools shows that ninety per cent of the children in the first five grades have defective teeth. They averaged seven cavities per mouth, eighty per cent of which could have been prevented. A clean tooth never decays. In the Bridgeport schools hygiene is a study for competition and promotion; cleanliness is regarded as a manifestation of self-respect—it breeds refinement.

In the influenza epidemic in 1918, Bridgeport schools had, in proportion to the number of pupils, the fewest cases in the United States. A clean mouth, nose and throat are a great aid in preventing communicable diseases. The U. S. Public Health Service reports very considerable reductions in contagious diseases in cities where dental clinics have been established in the schools. Good mental development needs a sound, healthy body. Retarded pupils are a great expense. In Bridgeport this expense was

reduced fifty per cent in the first five years after the dental clinics were established. The first molar, which comes at six years of age, often mistaken for a temporary tooth and neglected, is the most important second tooth because of its influence on the other teeth and the development of the jaw.

New Zealand, where child hygiene is under government control, leads the world in the care of its children. The prominent people of New Zealand have made it fashionable to have large families, and the more babies in a family the more fashionable. Mothers take great pride in having healthy babies. They discuss their babies as a topic of mutual interest. In New Zealand a sick baby is very often considered a reflection on the intelligence of its parents. The United States spends $47,000,000 annually for the care of cattle, hogs, and corn, and comparatively little for child hygiene.

Excessive use of free sugar is without a doubt the one greatest source of trouble in our country. Statistics show that the average American eats ninety pounds a year. Italians, Greeks, Armenians and African negroes, famous for their splendid teeth, use very little sugar. Some tribes eat no sugar, never use a toothbrush, and never have a decayed tooth.

Decayed teeth constitute the most prevalent known disease, out-numbering all other physical complaints combined. Co-operation and team work between the dental and medical professions should be close and cordial, and while clean mouths and sound teeth will

not end all physical ailments they are powerful factors for health and prevention of disease.

There is a big field for general welfare work in the future public school dental clinics that are sure to be established throughout the country.

— *The Journal of the American Institute of Homeopathy.*

INTERNATIONAL HOMEOPATHIC COUNCIL.

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To the Homeopathic Society of India.

Honoured Colleagues,

To you we desire to convey our cordial greetings, and to address you in the interests of World-Homeopathy, which knows no barrier of race or language. May her Institutions flourish and her work prevail !

At the Congress of 1911 the International Homeopathic Council was appointed with power to consider and promote the interest of World-Homeopathy year by year, and to report at the next ensuing Congress.

The last meeting of the Council was held in London in 1921, and the final arrangements with regard to the next World-Congress and its time and place were postponed from then till the meeting of Council in this present year. It is of the utmost importance that the next International Congress (the first since the war) should include representatives of all the homeopathic professional institutions of every country the world over. The work of Internationalism in Homeopathy, a vital and insistent work—must be organised and directed at the next ecumenical meeting.

The Council meeting of the present year will be held at Bale, Switzerland, at the invitation of the Swiss colleagues, Sept. 21-24, when the leading problems of World-Homeopathy requiring immediate attention will be presented and debated and instructions taken.

Your homeopathic society has the right to nominate 2 delegates and the secretaries of the Council would be exceedingly pleased to receive the names of the members thus nominated as your representatives at the earliest possible time. The Swiss colleagues naturally desire to make the arrangements for reception as ample and efficient as possible, and your response to our request will be awaited with much interest.

We shall be delighted to receive and officially register the names of your delegates elected.

All further information with regard to details of time and place of meeting and of travel and residence

will be gladly given by the Secretary of the Swiss Homeopathic Society, Dr. Guignard AArau, Switzerland.

We are,
Yours fraternally,
E. Tuinzing,
H. Fergie Woods.

*** We have very great pleasure in publishing the above invitation that has been extended to our Indian colleagues by the Executive Committtee of that august assembly, the International Homeopathic Council. We must call a meeting of all the homeopaths of Calcutta at an early date and arrange about sending two delegates to Switzerland. Homeopathy has no Government recognition here. Our strength lies in our Internationalism and we must realize this and arrange accordingly.—Ed., *I. H. R.*

A PROVING OF THYROID GLAND·

H. P. Gillingham, M. D., New York.

Early in November, 1917, the Materia Medica Laboratory of the New York Medical College and Hospital for Women, which I have the happiness to direct, began a careful and systematic proving of thyroid gland, at the instigation, and with the financial assistance, of the American Institute of Drug Proving.

Volunteers from the student body of the college were called for. Five were selected, and one other

young woman *not* a student at the college, making six provers. These were addressed by Dr. Rabe, who is Secretary-Treasurer of the Institute of Drug Proving, and by Dr. Dieffenbach, Vice-President and Trustee of our college, who impressed upon them the importance and the seriousness of the experimental work they were about to undertake.

I would like here to testify to the conscientious and capable and self-critical manner in which these six young ladies performed their work.

Each prover after signing a general release in favor of the college, was subjected to a rigid general physical examination, first by myself, then by Drs. Emily C. Charles and Sophie B. Scheele. Each was then examined as to urine by Dr. H. Trossbach (our college and hospital pathologist) ; as to blood by Dr. Lindsley F. Cocheu ; as to eyes and ears by Dr. William McLean ; as to nose and throat by Dr. Henry Lyding.

Personal and family histories were carefully gone into. Weight, measurements, T. P. R., blood pressures, acuity of special senses, etc., recorded. The provers represented a high average condition of health with such exceptions as will be noted later.

It is needless to say that none of the provers (nor, in fact, anyone except Dr. Rabe and myself) knew the identity of the drug to be proved.

It was ordered that the provers should adhere to their usual diet, but each was required to turn in every day a minute report of all food and drink

ingested, qualitative and quantitative, that it might at once be determined whether or not the diet was responsible for any symptom arising. It may be said here that with the exception of one instance, it was deemed that no symptoms could reasonably be ascribed to the diet.

Prover No. 1 (the one from outside the college, 30 years) was an unusually healthy and generally normal woman. She developed *many* functional heart symptoms and many nervous symptoms. She took the 60x (two 1-gr. tablets t. i. d.).

No. 2, aged 21, robust and healthy, save for slight hæmorhoidal congestion and abdominal pain at menstrual period and occasionally slight menstrual headaches. Had a very slight enlargement of right lobe of thyroid. She took 6x, two 1-gr. tablets t. i. d. till seventh day, after which 12x same dose and rate.

No. 3, age 20, *very* good health, although with an habitually irregular pulse and generally nervous. Took 12x till seventh day, then changed to 30x, same dose and schedule as last prover.

No. 4 had a moderate enlargement of thyroid, being one of six sisters, all of whom have some thyroid enlargement. Not a very good history, but now, seemingly in perfect health. Took 1x, two 1-gr. tablets, q. 2 h. During the first week, while taking placebo, she caught cold, which became worse after starting on the drug, so she discontinued the proving for four days (4th, 5th, 6th, and 7th), during which time she recovered and resumed on the 8th day,

taking 1x tablets ij. q. i. d., and on the 14th day changed to 3x tablets, ij. q. i. d.

No. 5, aged 21, married, delicate type, poor history, but in good present health. Took 3x, 2 tablets q. 3 h.

No. 6, aged 21, good health, robust. Took 30x, two 1-gr. tablets, t. i. d.

The provers were individually under close official observation for 32-39 days, and under a less rigid observation for six weeks longer.

Matters of interest are *e g.* the irregular pulse of No. 3 became gradually under the drug less irregular and finally became quite regular and has remained so.

No. 4's thyroid became, at first, larger, but midway in the proving began to recede, and is now much smaller than it was before. No. 2's very slight unilateral thyroid enlargement disappeared early in the proving.

In these instances the drugs seemed to be remedial.

The study of the blood pressure observations was interesting. Altogether there were 250 observations made. The most striking result of the conclusion forced on one is that a single reading, or two or three at intervals of days or weeks, has only a very limited value, and this because the variation is so markedly affected by slight and entirely commonplace causes. The time of day, the time and relation of meals, with relation to water drunk, the intensity of the mental work preceding the reading the fact that the reading had been preceded by a day of rest, menstruation, and

the psychic factor—all have a decided effect in modifying the pressure, both systolic and diastolic, and it was found that this variability was as great among the controls as among the provers, and cannot be laid to the thyroid.

Pressures of our provers were, before the actual proving, *low*, the pulse pressure averaging 25. All had markedly cold hands and feet, and heart sounds were too weak. The first and immediate effect of the drug was to raise the pressure considerably (from 10 to 25 mm. Hg.), both systolic and diastolic; then after 2 to 4 days it dropped down some 5 to 15 mim. (systolic), but maintained a better level than before with a pulse pressure averaging 35 mm.

No. of symptoms: There were reported results, which, when separated into their component parts, represented over 900 symptoms.

Many of these were repeated in two or more provers—some in all six provers. By elimination of repetition, and of symptoms obviously not due to the drug, the number finally boiled down to 407. These have been arranged according to the Hahnemannian schema of anatomical rubrics.

The greatest number referred to the *Head*, of which there were 44; the Abdomen claimed 36; Stomach, 28; Heart, 27; Sleep, 25; Mind, 23; Mouth and Respiratory Organs, 21 each; Fever, 20; Eyes and General, 19; and so on down to Rectum and Anus, Stool and Urinary Organs, four or five each. The Skin had 11, and the Genital Organs had 9

symptoms, but these last are mostly very comprehensive symptoms, which it was deemed best to preserve as nearly as possible in the language in which they were reported.

A full and minute report has been rendered the American Institute of Drug Proving, who will, I believe, publish the complete proving in the near future. Time will permit now only a most superficial glance at the symptoms. I shall pick out from each of a few of the rubrics two or three characteristic symptoms, which will, perhaps, indicate the general character of the pathogenesis.

Mind (Emotional Sphere) : Marked irritability of temper ; nervous ; apprehensive ; depressed ; as expressed in these two symptoms.

(1) "Very nervous, fearful and apprehensive. Anxious feeling of foreboding with cold and clammy hands."

(6) "Feel as if I could cry from the least provocation ; very much irritated at little things ; lost my temper with very little provocation ; morose and sulky ; wanting to be alone ; could have cried from vexation."

On the intellectual sphere it seemed always depressing as in the following :

(3) "Difficulty of concentration, takes twice as long to study or read as formerly ; absent-minded."

Head : Of the 44 symptoms, all but four or five were of pain,—and of these 30 were located in the frontal region. There was considerable variety among these—one or two will serve to illustrate.

(2) "Heavy throbbing headache worse in frontal region, worse concentrating mind, better out of doors."

(6) "Severe frontal headache, worse on right side, worse in warm room, worse from using eyes or studying, disappearing after taking a long walk in evening."

Most of the head symptoms were associated with sense of fullness, sometimes of high degree, as :

(2) "Great fullness and heat of head, worse at vertex, seemed as though head would burst from engorgement, with throbbing of temporal arteries, redness of ears, feeling of engorgement of eyes and dull stupid mind." (Morning 13th day.) The blood pressure of No. 2 at this time was running around 150 mm., having been affected by the drug more than that of the others.

The headaches were more pronounced in the morning and afternoon than during the evening or at night. They were perhaps rather more inclined to affect the left side. They were almost always worse from motion or exercise of any kind, physical or mental, always worse from heat or indoors, and correspondingly better in the cool, fresh air ; often better from external pressure. Vertigo was only reported once.

Nose : Five provers developed rhinitis, but I can find no unanimity, either in the character or in the modalities, unless it be the generally expressed dryness of the nasal mucous membranes indoors, and fluent coryza outdoors, the discharge being profuse, watery and bland.

Face : Usually was redder than usual—sometimes decidedly flushed. No. 1 developed a queer symptom, *viz.*, "A loose sensation in lips, unable to control them, as though the orbicularis oris was relaxed."

Mouth : All provers complained much of bad taste, disagreeable, nasty, slimy, metallic, bitter, sour, sour-bitter, &c. Generally worse in A. M. The tongues of all assumed unusual characters, generally with a heavy white or grayish-white coating in centre, bright red edges or tip. Papillæ almost always enlarged and prominent. Sometimes showing through the grayish white centre ; sometimes more conspicuous on the red tip, and margins. Dryness of the mouth predominated.

Throat : Dryness of the throat was marked in all provers. Posterior pharyngeal wall, uvula and faucial arch were much congested, red and dry, with rawness and burning in all provers from the 4th to the 24th day.

The posterior nares seems to claim the attention of several provers at times ; with dryness and sticking pains there, worse on swallowing. The left side of the throat seemed more affected than the right.

Stomach : As usual, there was developed both increase and loss of appetite, but the increase more prominent. For instance, No. 5 for four days in the mid-proving reported "Appetite increased, not satisfied, no matter how much I've eaten," This prover developed an abnormal desire for sweets, though generally cared very little for them. Thirst for cold

water was a prominent symptom, especially developed in prover No. 4, whose usual consumption of water is abnormally low. Among the many eructations, perhaps the most noticeable kind was that which relieved the nausea and pressure in the stomach. Nausea was a common and frequent symptom and, though occurring under different circumstances, was conspicuously worse while riding in the car. It was always better on going out into the cool air, as was the headache.

Abdomen: Throughout the proving there were many abdominal and pelvic symptoms—for the most part *painful* ones—generally described as "sharp," "cutting" "colicky" and "crampy." Pervading them was a sense of fullness—"as if the stomach (or abdomen) was full of gas, worse on pressure, worse on walking." Pains were generally better "bending forward," or "doubling up," and after the passage of flatus. There was a good deal of distention. There was a marked predilection for an area midway between the umbilicus and the Ant. Sup. Iliac spine on either side, especially on *right* side. (McBurney's point.)

There were developed marked pains—cutting in character, in pelvis, "as though in uterus—shooting downward into thighs." These described as "excruciating." An oft repeated observation concerning the abdominal pains and, indeed, of pains and sensations *anywhere*, was their fleeting character. Many were reported as "lasting only a minute or two," or as "momentary."

Several reports were made on the large quantities of flatus passed from the bowels, and it was often said to have the odor of H_2S.

Stool: The stool does not seem to have been much affected. Two provers reported diarrhœa once each, and one twice remarked on her constipation. The incidence in either case is so small that it seems not worth while to report the specific character.

Only two provers reported any urinary symptoms, and these were not very interesting.

Genital Organs : Menstruation.

No. 1. Habitually menstruates q. 31 days—menstruated fifteen days too soon.

No. 2. Habit was 29 days—menstruated six days too early.

No. 3. Usually q. 30 days—came one day too soon.

No. 4. Usually q. 29 days—came two days too soon.

No. 5. Usually q. 29 days—was two days late.

No. 6. Who always allowed 30 to 40 days to elapse between periods, conformed to her usage and reported an interval of 38 days.

On the whole, there was much more pain suffered during this proving—menstruation than is usual with these individuals—though *one* who usually has more or less trouble at beginning of period escaped pain entirely. It was she whose thyroid enlargement disappeared entirely and finally (so far) during the proving. The menstrual experience of each prover will be found reported in full in the published report.

Respiratory Organs : Here were developed some very good symptoms, as : The dryness of tickling in the larynx, provoking a dry, hoarse, barking, or whistling cough, sometimes violent and spasmodic, with cough aggravation in the morning, mornings after rising, from coughing, after waking in morning, in cold open air, on entering a warm room, in evening and at night.

A complex symptom developed by No. 1 (the prover who showed so many heart symptoms) and reported by her persistently, in varying terms, I will quote in full, as expressed from the 3d to the 24th day. "Splitting pain in ensiform appendix, with accompanying nervous, sensitive feeling radiating from sternum towards both axillæ—returned almost daily throughout proving, with sundry variations, as : Sternal region felt sore, as though bruised, sensitive to touch, remaining after splitting pain had left ; splitting pain in ensiform,, ending with a quick throbbing pain in surrounding region. Splitting pain in ensiform followed by a few throbbing pains in apex of part, and *these* followed by a throbbing pain in left ovarian region (lasting two minutes) ; splitting pain in ensiform, with, or followed by, a disagreeable rapid thumping of heart and shivering feeling, all ending with one quick sharp pain in apex of heart, splitting pain in ensiform, worse on adducting arms, or on inspiration, worse on bending forward ; splitting pain in ensiform was *always* accompanied by a nervous, sensitive feeling in chest, and a bruised

sore feeling in lower sternal region, which remained after the splitting pain had left, and the attacks lasted variously from 5 minutes to 14 hours." All provers experienced a sense of fullness in chest—generally with palpitation—with oppression and craving for fresh air.

Heart : The 27 symptoms pertaining to the heart were contributed by 5 provers, the only one having *no* heart symptoms being the one whose thyroid disappeared. It should be noted that this prover has been, apparently, benefited all around by the drug, having changed her weight, since beginning the proving, from 124 to 134 pounds.

The heart symptoms were *pronounced* in degree. They were of two kinds : (a) Sharp, sudden, sticking pains, and (b) palpitation, and the latter usually accompanied the former. Both were associated usually with sense of fullness in chest and nervous, apprehensive feeling—and feeling of being under "*high tension.*"

The pulse rate was heightened.

In 4 there was painful swelling of lymph—nodes and *glands*, cervical and submaxillary and parotid mostly, while one of the others had pains of same character (sharp, cutting) in these regions, though the glands were not palpable.

Skin : There was much itching of the scalp and skin, worse by scratching and worse after hot bathing.

Sleep : All the provers had pronounced sleep symptoms : restless, disturbed, unrefreshing sleep

—awakened by least and usual noises,—bad, even terrifying dreams—at night—while in day-time, unusual sleepiness.

Among the temperature symptoms, chilliness and coldness predominated. All contributed. Sometimes the coldness was general—sometimes partial, and then principally hands, feet, upper arms or upper body.

The *heat*—such as there was—was usually in *flashes*. Ascending to face and head, with throbbing in arteries of head and neck.

An interesting sweat symptom was the oily, musty-smelling sweat which a prover had at beginning of menstruation.

This summary will serve only to indicate the wealth of symptoms contained in the proving, and in a vague way to point the general trend of its action. I am sure the published report will repay close study.

Collaterally, a series of experiments were tried on guinea pigs, four being fed thyroid in different strengths. Two received the desiccated gland, and died in 5 or 6 days ; another received 1x (that is one-tenth gr.) and died in about two weeks. A fourth received 3x, and, though he became ill, lived until killed after about five weeks of medication.

Each one was autopsied, as were controls. In all cases the adrenals were found affected, enlarged, hyperæmic, hæmorrhagic ; and, in one case, burst open and necrosed, as well as very hæmorrhagic.

The spleens were hyperæmic and showed hæmorrhage. There had been arrest of intestinal peristalsis

without impaction. The lungs were extremely congested. The right ventricle and *both* right and left auricles were full of black, unoxygenated blood.

There is enough in these findings to indicate the possibility of the drug having depressed the vagal centres.

This is a faithful field for further study.

PROVING OF THYROID GLAD,

By

The Materia Medica Laboratory of the New York Medicai College and Hospital For Women,

Made under the suspices of

The American Institute of Drug-proving.

1918.

Director of Proving—H. P. GILLINGHAM, M. D.

Associates :

General Physical Examination,	EMILY C. CHARLES, M. D. SOPHIE B. SCHEEL, M. D.
Blood Examlnatiou,	LINDSLEY F. COCHEU, M.D.
Eye and Ear Examination,	WILLIAM MCLEAN, M. D.
Nose and Throat ,,	H. W. LYDIG, M. D.
Urinalysis,	HERMAN TROSSBACH, M.D.
Diet Supervision,	ETHEL W. WICKWIRE, M.A.
Test Solutions,	MRS, MAY DAVIS, G. Ph.

(To be continued.)

—The Homeopathic Recorder.

Book-Review.

TEXT-BOOK OF MATERIA MEDICA.

By George Royal, M. D., Philadelphia, Bœricke & Tafel.

This is a text-book on Materia Medica and Dr. Royal is fortunate in giving us a real text-book which is of great service to the homeopathic students and busy practitioners. The way in which each medicine is treated is the proper way to study materia medica for practical purposes. By its study one can master each medicine very easily. At a glance we have a true picture of the medicine without much trouble. It is not a comple materia medica but one which gives us the whole idea of the medicine at once.

In one of our next issues we have a desire to give one of the medicines treated in this book to our readers so that they will have an idea of what it is like. This is the way to study materia medica.

We recommend this book to all our practitioners and students. The work is neatly got up, which is much to the credit of the publishers Messrs Bœricke & Tafel.

OLAUTHABIJAYA—CONQUEROR OF CHOLERA.

By Dr. Mohendra Nath Bhattacharya, Boinchi, District Hugly.

Mohendra Babu is a voluminous writer. He has written many useful books in Bengali. This is a new attempt to conquer cholera and in our opinion he has been successful. It will be able to drive this dread

disease—cholera, there is not a doubt. Many things new can be obtained from this book on the subject of causation, symptomatology and treatment of cholera.

We recommend this book to the homeopathic public, both professional and lay. It is also useful to the students. It is in the form by which one can easily carry the book to the bed-side of the patient and consult the symptoms.

THE INDIAN

HOMEOPATHIC REVIEW.

A monthly journal of Homeopathy and collateral sciences.

"The knowledge of disease, the knowledge of remedies and the knowledge of their employment constitute medicine."

—HAHNEMANN.

Vol. XXXI.] JUNE, 1922. [No. 6.

DISEASES OF THE LIVER.

"To those accustomed to treat diseases of the liver with remedies having an elective affinity for the organ itself, the contents of this volume must appear more or less self-evident. I refer most particularly to the practitioners of scientific therapeutics usually called Homeopaths. But the practitioners of traditional medicine will find in my pages a great deal to interest them, and not a little that is new; new at least to them.

Those of my readers who have a taste for the more strictly doctrinal part of my subject, I would refer to my small work entitled 'Diseases of the Spleen and Their Remedies Clinically Illustrated,' to which this is intended to be a companion volume.

The prevailing ignorance of good organ remedies is lamentable. Not long since a lady came to me for a chronic liver affection of nine years' standing, and, though the physician is a man of high standing in the

profession, and a doctor of medicine of the university of London, his sole treatment had consisted in giving the accursed morphia to lull the pains. He had never even tried one single good organ-remedy, and this notwithstanding the fact that the patient has long been profouudly jaundiced. And this, too, is, I fear, a fair sample of every day work of the men of light and leading in the profession.

The pain being the outcome of the disease, the treatment should have been directed to the causal complaint, and not to the effect—the pain. Had this been done, the lady would, in all probability, have been cured of the fundamental disease ; as it is, her disease has become formidable, and probably incurable, and she herself is a hopeless, helpless, will-less morphia eater.

It is in the hope of throwing a little light into this dismal darkness that these pages are sent to the press."—BURNETT, *Diseases of the Liver.*

Twenty years after these lines were penned by the immortal Burnett, I had the misfortune to verify the truth of his assertion. A man in high position in the Judicial Service, had been my patient for many years. He was a martyr to hepatic colic. I had often cured him with the indicated remedy, but he worked a great deal more than he should have done and the result was these repeated relapses. One day I was busy at my clinics, when I was sent for. On account of my delay, the wife of the patient lost patience with me and sent for a renowned allopath. He came quickly, injected

morphia and the effect was marvellous. His pain was relieved in no time and ever since he became a morphia fiend and always sent for the allopath. Six months after, I was sent for. He got no more pain, it was true. But he was fearfully jaundiced and there was a cirrhotic condition of the liver. He was completely depleted. Nothing could cure him. In a fornight he was dead. This was morphia treatment. I had treated him for twelve years or more. I had not been able to show such quick results. But I prefer the slow cure of homeopathy to such quick killing of the other school.

One of the leaders of the homeopathic profession has been a martyr to hepatic colic for over forty years. He has suffered agonies. The late Dr. Fincke once cured him and he kept well for nearly twenty years. But he was indiscreet. He thought more of his patients than his health. I have had charge of his case for nearly twenty years. I have always succeeded in relieving his sufferings. Morphia injections have often been suggested to him by his allopathic friends. He has resolutely refused. He is over 70 years of age now. He is alive to-day to glorify the name of Hahnemann and homeopathy in India.

J. N. M.

HAHNEMANN.

How to be a successful physician ?

1. If you wish to be a successful physician, you

should have a thorough knowledge of the *Organon of Medicine* of our illustrious master Hahnemann. And also his complimentary work *The Chronic Diseases* should be read from the beginning to the end. If you are at a loss to find the proper remedy from the work, it will be easy for you to find out the exact medicine from the Repertory of the *Chronic Diseases* by Dr. Bœnninghausen, translated by Dr. Boger. It has also been translated into Bengali.

2. Before going through the Repertory you should learn his Materia Medica Pura and have special eyes on the four classes of medicines—anti-psoric, anti-sycotic, anti-syphilitic and non-anti-psoric.

3. During the investigation of diseases of your patient, never ask leading questions. When you find your patient psoric subject, you should begin your treatment with anti-psoric and if he be a subject of both psora and syphilis or sycosis, you should at first administer anti-psoric and then anti-syphilitic or anti-sycotic or give the medicine in ultimatum as advised in sec. 232. We give the section in verbatim. It runs thus :—"These latter, alternating diseases, are also very numerous, but all belong to the class of chronic diseases ; they are generally a manifestation of developed psora alone, sometimes, but seldom, complicated with a syphilitic miasm, and therefore the former case may be cured by anti-psoric medicines ; in the latter, however, in alternation with anti-syphilitic as taught in my work on the *Chronic Diseases*."

4. Never treat your patient after the names of

diseases. For it is quite unscientific to give names to diseases, they being nonentity. Disturbance of vital force is disease. Our great master had not the least materialistic view, but we are sorry to say that materialism is the order of the day. Our first great master Hahnemann says that "Nomenclature of pathological names is absolutely unnecessary." Is it justifiable to base medical treatment on mere names? As totality of symptoms is the outward image of inner disease, pathological names should be at once repudiated. Our master was quite against pathological prescription, for he says "The more a man enters into the inward organism, the more he errs." Hence you should never treat your patient after the names of diseases, such as bronchitis, cancer, gout, fever, jaundice, epilepsy, hæmorrhoids &c. All you have to do is to take the totality of symptoms and administer any drug well-proved in healthy constitution according to the homeopathic principle. You should keep your special eyes on mental or subjective symptoms (Vide secs. 212 and 213).

(To be continued).

Nilumbar Hui,
Serajgunge (Pabna.)

A PROVING OF THYROID GLAND.

(Continued from page 160, *No.* 5, *Vol. XXXI.)*

PROVERS.

No. 1. Miss N.; age 30; single; born in Canada

of Scotch parentage; graduate horticulturist; 5′ 3″; 129 lbs.; no abnormal family tendencies; in almost perfect physical and mental health; complexion fair; eyes blue; hair brown; figure full; flesh firm; physical examination disclosed no abnormalities; began menstruating at 14; menstrual history uneventful; menstruates usually every 31 days, lasting 4 days, normal; no leucorrhea; temperature, 99°; pulse 86; respiration 20; blood-pressure, systolic 130, diastolic 108. Took 6ox, 2 one-grain tablets 3 times every day, beginning on second day after cessation of menses, and continued drug for sixteen days (through the following menstrual period). Was under daily observation for 32 days.

No. 2. Miss M.; age 21; single; born in New york of Italian parentage; medical student; 5′ 3″; 128 lbs.; no abnormal family tendencies, except that her only brother has been "feeble-minded" from his fifth year; in very good health, physically and mentally, except for hemorrhoids occurring occasionally at menstrual period, a heavy dull pain in lower abdomen each month for four or five hours after flow starts, and sometimes a frontal headache preceding the menses; there is sometimes a slight, bland, watery leucorrhea just before menses; complexion dark, clear; eyes dark-brown; hair dark-brown; figure plump; flesh firm; physical examination disclosed no abnormalities except a very slight enlargement of right lobe of thyroid gland; began menstruating at 13; was irregular for first five months, since then usually menstruates every 29 days, lasting

5 days, normal, except for pelvic pain above mentioned; temperature 97·4°; pulse 92; respiration 22; blood-pressure, systolic 122, diastolic 106. Took 6x, 2 one-grain tablets 4 times every day, till the 7th day, when she was changed to the 12x, same dose and schedule. Was under daily observation for 32 days.

No. 3. Miss S.; age 20; single; born in New York of American parentage; medical student; 5′3″; 101 lbs.; no abnormal family tendencies,—particularly good family history; in very good health, physically and mentally; complexion medium, clear; eyes blue; hair brown; figure of good proportions; flesh firm; physical examination disclosed only the following slight abnormalities; hands cold and damp, more so when nervous; very slight enlargement of thyroid gland, hardly discoverable; nipples undeveloped; heart-action rapid under excitement, with intermittent pulse; began menstruating at 13; menstrual history uneventful; menstruates usually every 30 days, lasting 5 days, normal; very occasionally has a little bland, albuminous leucorrhea just before menstrual period; temperature 98·4°; pulse 62 (becoming 95 while under examination): respiration 19; blood-pressure, systolic 130, diastolic 110. Took 12x, 2 one-grain tablets 4 times every day till the 7th day, when she was changed to the 30x, same dose and schedule. Was under daily observation for 33 days.

No. 4. Miss T.; age 23; single; born in New York of German-American parentage; medical

student ; 5'6" ; 132 lbs. ; complexion fair ; eyes grey ; hair light-brown ; figure full ; flesh firm ; physical examination disclosed no abnormalities except a moderate enlargement of the thyroid gland ; family history reveals father rheumatic, mother with chronic bronchitis, five sisters living, all with slightly enlarged thyroids, one sister died of cerebro-spinal-meningitis ; prover had articular rheumatism when 15 years old, followed by cervical adenitis, one cervical gland suppurating when 19 years old, and thereupon received surgical treatment, drainage continuing for several months, sinus closing spontaneously ; at 20 years of age had another (slight) attack of polyarthritis ; often has tonsilitis.

At time prover received her preliminary examination and began taking placebo, she seemed in perfect health, but during the eight days before beginning to take the drug (*i. e.*, while taking the placebo), she developed coryza and bronchitis. Began menstruating at 13 ; was slightly chlorotic at that time ; usually menstruates every 28 days, lasting 7 or 8 days, normal, except that sometimes she has pain in lower abdomen during the first two days of the period ; usually has a very little white, bland leucorrhea just before and after menses ; temperature 98.4° ; pulse 88, respiration 19 ; blood-pressure, systolic 122, diastolic 102. Took ix, 2 one-grain tablets every 2 hours, but the pre-existing catarrhal symptoms (respiratory) becoming much worse, her drug was reduced on the third day of proving to tablets ij, q. i. d., and on the 4th, 5th, 6th

and 7th days she omitted the drug altogether (on orders); on the 8th day (7 A. M.) being much better, she resumed the proving (at last dose and interval), but on the 14th day the potency was changed to 3x, tablets ij, q. i. d.

Was under daily observation for 39 days.

No. 5. Mrs. W.; age 21; married six months; born in New York of American parentage; medical student; 5′6½″; 112 lbs.; father (living) was supposed to have gastric ulcer 10 years ago, but is now in good health; mother was operated on 4 years ago for ovarian cyst, now in good health; besides usual children's diseases prover had "Cuban itch" at 2 years; two attacks supposed to be appendicitis at 15 years (not operated upon), and at sixteen years had for one month aphonia, cause unknown; declares her present health to be "better than ever before, in fact, about perfect"; complexion medium; eyes blue; hair light-brown; figure thin; flesh soft, relaxed; physical examination disclosed no further abnormalities except a shallow chest (though capable of 3¼″ expansion) and cold hands and feet, admitted to be their usual condition. Began menstruating at 13; menstrual history uneventful; usually menstruates every 28 days, lasting 5 to 7 days, usually profuse, of slightly offensive odor, otherwise normal; often a slight bland, white albuminous leucorrhea just before menstrual period, usually worse when she is walking and in the morning; temperature 97·4°; pulse 88; respiration 18; blood-pressure, systolic 112, diastolic

88. Took 3x, 2 one-grain tablets every 3 hours. Was under daily observation 38 days.

N. 6. Miss B.; age 21; single; born in New York of English-American parentage; medical student; 5'3"; 126 lbs: parents living and well; only abnormal family tendency implied in the fact that most members of the father's family die of cerebral apoplexy; besides most of the usual children's diseases has had several attacks of tonsilitis, because of which tonsils were removed one year ago; was chlorotic at puberty; has a mild degree of jaundice occasionally; had severe otitis media suppurativa, right side, two years ago, a slight serous discharge still remaining; is at present in excellent health, and besides the slight aural discharge and a not-quite healed scar in bend of left elbow (was donor for blood-transfusion one month before proving began), general physical examination showed no abnormality; complexion fair; eyes blue; hair light-brown; figure full; flesh firm; athletic habit. Began menstruating at 13; menses usually tardy; (30 to 40 days), lasting 7 days, preceded for a week by sore, swollen breasts, and occasionally with pains in pelvis first two days of period; sometimes has a slight, thin, bland leucorrhea on walking; temperature 97.6°; pulse 70; respiration 22; blood-pressure, systolic 128, diastolic 104. Took 30x, 2 one-grain tables t. i. d., before meals. Was under daily observation 3. days. *(To be continued.)*

—*The Homeopathic Recorder.*

SCROFULA.

By the term scrofula one should not only think it to be a discase which particularly affects the glands but a morbid state whose main characteristic is want of tone or debility, and this debility produces a suitable condition for every variety of disease and specially one which may assume a malignant form. This disease can both be acquired, or inherited from parents, suffering from tuberculosis, cancer and tertiary syphilis. It may be due to want of proper nourishing diet, exercise, and finally by living in ill-ventilated houses. Scrofula exempts neither age nor sex but it generally attacks the children, and the most common age is between 3 and 10.

Symptoms.—

In scrofulous subjects, the glands of the axilla, groin, neck or other places become enlarged, frontal suture may be prominent in certain cases, the head is proportionately larger, upper lip and nose is thick. jaw is wide, the conjunctiva may get inflamed, its color becomes yellow. Skin is soft and flabby. There may be some erruptions on it, e. g. eczema ; prurigo ; impetigo etc. Joints may get inflamed and suppurate ; there may be caries and necrosis of bone. Epistaxis is not uncommon. The intellect is keen, but the temper is irritable and hasty. Least irregularity of diet, or exposure to cold or moisture will cause indisposition and bring back the old complaints. Lastly there is a tendency of premature decay of tooth.

Prophylactic treatment.—

For this maladay hygeinic treatment is more essential than the medicinal one and so a keen eye should be put to observe the general condition of the patient. Very many cases of Scrofulosis can be avoided, by treating the mother carefully during pregnancy if she has got a scrofulous taint. Wet nurse is not required, if mother is capable of nursing her own child ; if not, then a wet nurse can be employed after taking an account of her general condition, health and milk when employed; she should not be allowed to suckle her own child, and must have a large well ventilated room to live with the patient. It is advisable to stop breast feeding when the child is 12 months old or even earlier in some cases, and the then principal food should chiefly be cow's milk. Vegetables such as potatoes and some fruits may be allowed. As for the clothing the child should neither be too excessively nor too deficiently dressed, and finally for the health of the patient it is necessary to have morning and evening walk in order to get fresh air.

Most essential remedies are :—

Æthusa cyn—

For children during dentition with marked inability to digest milk and gastro-intestinal disturbances, restless, anxious, crying, blepheritis, herpetic eruption on the nose, puffed face with marked linea nasalis, swelling of the glands of neck and axilla < after drinking, vomiting, stool, spasms.

Ars. Iod.—

Corrosive irritating discharges. The discharge is watery, offensive, mucous membrane red, swollen, burn and itch. Tonsils get swollen, burning in larynx, slight whooping cough.

Asafœtida—

Suited for offsprings of syphilitic parents, where there is otorrhœa. Syphilitic or scrofulous ozœna with fetid discharges. Enlarged glands are hard, hot with throbbing, shooting but edges are painful.

Bary carb—

Suited for the two extremes of life, with both physical and mental weakness of dwarfish children who do not grow. Takes cold easily, least cold brings on an attack of tonsilitis, prone to suppuration. Red face, glands swollen, indurated, fatty or encysted tumors, coryza with swelling of upper lip and nose. Burning in the urethra, enlarged prostate, premature impotence, submaxillary glands swollen and enlarged, smarting pain when swallowing, feeling of a plug in throat, chronic torticollis, dry suffocative cough, worse from inspiration, < while thinking of complaints > walking in open air.

Bary. Mur—

Glandular swellings are painful and indurated, of strumous constitution, offensive otorrhœa, parotid is swollen. Gone sensation at the epigastrium.

Bell.—

It has a marked action upon vascular system, skin, glands. Muscular debility, red hot face, injected

conjunctiva, diplopia, otitis media, epistaxis, dry mouth with grinding of teeth. Emaciation and atrophy, hard distended abdomen, loss of appetite, aversion to milk, uncontrollable vomiting, dark turbid urine. Prolapsus ani.

Brom —

Stony, hard, scrofulous glands, especially thyroid, parotid, and submaxillary. For persons with delicate skin and red cheeks, and scrofulous girls. Hard tumor in right mamma. with lancinating pain, worse by pressure.

Calc. c.—

Head sweats profusely while sleeping, wetting the pillow far around, mal-assimilation, difficult and delayed dentition. Fontanalles remain open, hard suppurating glands, great liability to take cold, sweats of single parts, e. g. hands, knees etc. Pot-bellied children, constipated, stool is to be removed mechanically, slow in learning to walk, craves for indigestable things. Nostrils sore and ulcerated. Sour taste and smell. Small wounds do not heal rapidly, hectic fever.

Calc. Fl—

It is a powerful tissue remedy and is more useful for congenital syphilitic manifestations, chronic otorrhœa, caries and necrosis of bone. Glands are hard and stony, swelling of jaw, teeth become loose, roughness of enamel, indolent fistulous ulcers secrete yellow pus.

Calc. Iod—

Very useful remedy in the treatment of scrofulous affections and particularly of enlarged glands and tonsils. Indolent ulcers accompanied by varicose veins, desires to scratch and rub which gives relief. Secretions are profuse and yellow, cold, easy perspiration, offensive breath, abdomen is enlarged, strumous ophthalmia.

Calc. phos.—

Flabby children, with cold extremities, feeble digestion, anæmic, emaciated, much fetid flatulence. fistula in ano, adenoid growths, stiffness of head, curvature of spine, tendency to tuberculosis.

Hep. sulph—

Very useful where there is tendency to suppuration, great sensitiveness to touch and cold air. Sour perspiration, sweats profusely day and night, but without relief. Skin is unhealthy, very slight injury causes suppuration, offensive pus flows from ear, small painful boils, croupy, choking, strangling cough, affected parts are very painful.

Iod—

Greatly emaciated subjects with enlarged painless glands of stony hardness, suffers from hunger, must eat frequently, feces > while or after eating, cutting pain in abdomen.

Merc. sol—

All symptoms worse at night, enlarged glands, with or without supuration, offensive breath, tongue takes imprints of the teeth, crown of teeth decays

but the root remains. Ulcers on gum are irregular with profuse salivation, affection of bones.

Psor.—

Delicate quinsy subjects, having a filthy odour, debility due to some organic disease, swollen tonsils cause difficulty in deglutition, chronic diarrhœa, eczema and itches, offensive otorrhœa. Lack of reaction when well chosen remedies fail to act, or relieve temporarily.

Sil.—

Scrofulous children with large head and open fontanelles and sutures, slow in learning to walk owing to imperfect and defective nutrition. Induration and enlargement of glands. Hard bloated abdomen, every little injury suppurates. Stool comes down with great difficulty, when expelled recedes again. < full and new moon. Has a marked action upon suppurating process.

Sulph.—

Standing is the worst position, complaints that are returning constantly, children do not wish to bathe, premature old look, small boils coming out one after another, sensation of burning, puts feet out of bed-cover to cool. All gone feeling about 11 a. m., morning diarrhœa. Itching of skin, likes to scratch, but it causes burning, painful eruption around the chin, cracked dry lips, suppurating and glandular swellings, tabes mesenterica.

Monoj K. Mitra,
graduate of
Calcutta Homeo. Medical College,

ON DEGENERATION.*

During the past year, in the wide-spread "Trust agitation" we have experienced one of those wave-like perturbations of the body-politic which periodically sweep over communities, states or nations. Like a Gulliver, stirring uneasily in his sleep while the pigmies are binding him fast to the earth with a thousand tiny threads ; or like a woman with a flea in her bed, for whom there is no peace until she rises, lights the gas, turns down the clothes, finds that flea and impales him on the point of a pin, the nation has been awakened at last. Following the awakening comes investigation, agitation, legislation, and attempts at execution of some measures of relief. They will impale the trust flea if they can, but it is an illusive creature, with a long jump, likely to escape in the darkness. These are stirrings of the public conscience by the prodding of some particular evil, like the impure food scandal, which has continued boring into the body of the sleepy giant until further sleep is out of the question.

In the secular world we label these periodic activities "reforms" ; in the religious world, "revivals" ; but we are more and more coming to see that all such movements are *returns or attempts to return to the old paths from which we have strayed*, to regain conditions lost. It is a fact, realized by few,

* Presidential address by Stuart Close, M. D., International Hahnemannian Association, 1906.

but demonstrable historically, that the tendency of all laws, and all institutions, like the tendency of man, is to die, so far as their restraining or controlling influence is concerned. Considered as a rule of action, the further removed in time from its promulgation the less influence has a law over the masses of the people. Its moral influence grows weaker as it grows older. This is manifested in the obscuring and lowering of standards, and the increase of immorality, corruption and crime in general. Hence in all organized bodies, degeneration is the sign and precursor of death.

TENDENCY TO DEGENERATION UNIVERSAL.

History is full of illustrations of the action of this principle. Societies, institutions and nations have their rise, progress, degeneration and death at a rate exactly proportionate to their adherence to the laws of their constitution and existence. Their "decline and fall" begins the moment they begin to depart from the eternal principles of righteousness, justice and truth upon which they were founded.

And yet, though the representative fails and dies, the Truth itself never dies, never fades, never changes. The law itself is immutable. Neither is the law ever without worthy representatives, nor the Truth without an advocate. There are always some "in Israel" who have not "bowed the knee to Baal" whose mission it is to bear witness to the truth in the midst of a "perverse and wicked generation", by word

and deed, and to preserve and transmit uncorrupted to the succeeding institution or generation that which would otherwise soon be lost and forgotten.

Hence, when an institution, association or society, organized for the preservation or promulgation of some truth becomes corrupt, and no longer faithfully represents its original principles, it is the custom and the duty of those individual members who remain faithful to those principles, to separate themselves and reorganize. "Be ye not unequally yoked together with unbelievers ; for what fellowship hath righteousness with unrighteousness ? What communion hath light with darkness ? *Wherefore come out from among them and be ye separate*, saith the Lord, and touch not the unclean thing." Human experience has universally confirmed the wisdom of the divine injunction. Gibbon's classical "History of the Decline and Fall of the Roman Empire" illustrates how a nation, which at the summit of its power had come to rule the world, fell into luxury and profligacy, and became more and more corrupt until it was extinguished in the darkness of its own sins ; but the operation of the causes which led to its fall are distinctly traceble almost from the beginning. And so in the religious world, inspite of the efforts of prophets and priests, missionaries and evangelists, who are ever calling upon the people to repent and return, the influence of the law and the gospel is diminishing rather than increasing so far as the masses of mankind are concerned. Other influences which tend to degeneration and corruption are

more powerful with them. Ambition takes the place of ideals, and the possession of sordid wealth is the all absorbing aim. The dollar has become mightier than the man. Ostentatious display of wealth, luxurious profligacy, public and private immorality, reckless disregard for human life, dishonesty and crime are more rampant today than ever before.

In the political world, the trust bound. mercenary, grafting "peanut politician" of today is a sadly degenerated descendant of the independent, high thinking, simple living, incorruptible, self-sacrificing patriots and statesmen who planned and founded and fought for this republic. In every department of life and thought we see the operation of this principle of degeneration. St. Paul's prediction that "in the last days" men would have "a form of godliness but deny the power thereof" is a clear recognition of this tendency, as well as a statement of a fact now being made manifest, for the prediction is always being fulfilled before our eyes. It is as inevitable as the sweep of time.

HOMEOPATHY NOT EXEMPT.

It was not to be expected that Homeopathy or homeopathic institutions should escape the operations of this universal law, and so it has been.

Homeopathy, considered as to its influence both as a law and an institution, is certainly and manifestly subject to the same laws, principles and tendencies as all other laws and institutions. No one who is even

moderately familiar with the history and present status of Homeopathy, will require more than the suggestion already made to perceive at once how applicable are the foregoing remarks in this connection.

The discovery and promulgation of Homeopathy marked the beginning of a new dispensation in medicine. After untold ages of medical darkness and superstition, the light of Homeopathy broke forth and shone upon the world. It was a revelation of truth, a setting forth of principles founded in the very nature of things. Like all other truths it was complete in itself, and harmonious with all other demonstrated truths. The body of doctrines, principles and methods set forth by Hahnemann, which represents Homeopathy in its purity and entirety, embodies the highest development of the healing art the world has yet seen or is likely to see. As such it constitutes the law of our medical life, revealed at the beginning of our medical existence as homeopathicians, and binding upon us to the end. To those who believe and accept it, it is an inspiration to the noblest efforts and the highest ideas. To those who perfect themselves in its technique and conscientiously practise it, it is a constant source of pride and satisfaction, as they witness the results of their efforts in the amelioration of suffering and the cure of disease.

But to these same faithful ones, sooner or later, comes the realization that, from a human standpoint, they are in a hopeless minority; that the methods and principles which are so precious to them are a

scoffing and a byword with many of their fellow members of the medical profession; that powerful influences are constantly at work against them, bent upon their professional discomfiture and destruction; that many who profess to be friedly, wearing the same colors, are disloyal, bringing reproach upon the fair name they bear, or ashamed of that name, are striving to bury it in oblivion.

EXISTENCE AS A SCHOOL TAREATENED.

Even now measures designed to bring about the amalgamation of the two schools, the dropping of all "denominational" names and the obliteration of Homeopathy as a distinctive school of medicine are being agitated in the public journals and privately and concerted action looking toward this end may be taken at the approaching combined meeting of the American Institute and International Congress of Homeopathy.

From the very beginning Homeopathy has been subjected to the malign influence of foes without and foes within. Every principle and every doctrine that is peculiar and fundamental to Homeopathy has been, and still is, the object of all forms of opposition and attack since the days of Hahnemann.

The promulgation of Homeopathy was received in the medical world as a declaration of war, and war it has been from that day to this. Sometimes it has been conducted openly according to the rules of civilized welfare, but oftener it has been on lines

and by methods more consistent with savage than civilized ideas.

It made its way, however, against the most bitter and determined opposition, and grew strong and vigorous in the warfare. The marvellous success of its founder and his immediate followers and successors as healers of the sick has given it a place in history as one of the great movements of the world for the amelioration of human suffering. Its representatives and followers have increased and spread over a large part of the civilized world. It is still increasing and spreading.

But as an institution, the operation and increasing influence of the law of degeneration has been discernible from the beginning. Though the nominal adherents of Homeopathy are increasing, it has long been evident that there is a forgetting, a fatal turning or drifting away from the original pure and lofty principles of Hahnemann. The drift is downward with the current of the great silent river of Time. The farther away from the source the muddier the water. The greater part of what passes with the world for Homeopathy today is not Homeopathy at all, but a shameless counterfeit, a nondescript practice without principle or consistency.

Homeopathy has been invaded by the same "commercialism" that religion, art, science and literature are ever protesting and struggling against. The battle for righteousness, truth, purity, fidelity and consistency, is never ending, but it is the "Battle

Royal." To cherish and uphold an ideal in any department of life is to invite the attacks of the sordid, the selfish and unprincipled. If one has convictions he must fight for them. If he has principles and stands by them he must expect, and will receive, ridicule, misrepresentation and calumniation. Opposition, both active and passive, will be his, and the strange part of it at first sight, is that the worst of all will be from those who are professedly members of his own school. From his allopathic neighbours be may often receive personal consideration, though his medical standing and theories are simply ignored ; but by the majority of his own school he will be ridiculed, slurred, sneered at, "damned with faint praise", or practically ostracised, if not publicly denounced and held up to scorn and contumely from the editorial tripod, as we have seen recently in the case of our valiant brethren of Chicago, in their crusade against the sham the duplicity and "wickedness in high places."

Such has been the lot of the idealist from the beginning. He who would "live soberly, righteously and godly" must buckle on his armor and be prepared to resist to the end, and that is what we are called to do as members of this association.

A TRUE COMPARISON.

The progress of Homeopathy may be compared to a river that has its beginning far up in the mountains in a rill formed by some pure spring that gushes from the virgin rock. It threads its sparkling way

downward, receiving other tributary rills until it becomes a beautiful mountain brook, dashing joyously downward in its rocky bed. So long as it flows over rock it remains pure and clear, but when grown larger it reaches the plain and exchanges its rapid current and narrow rocky bed for a broader channel of earth and less rapid course, its waters begin to be turbid. Presently the river is defiled by the sewage and other impurities that are poured into it. Now every tributary stream brings more impurities. As it flows through populous country, town or city, its current becomes more and more sluggish and its waters more impure until, from one point of view, it can be compared to nothing but a huge sewer, flowing onward, mercifully, toward the great all-enclosing, all purifying salt sea, to be finally swallowed up and lost.

It is a drastic comparison, perhaps, but justified when we consider what has been poured into the original pure stream of Homeopathy by ignorant selfish and prejudiced followers and "doubting Thomases." If you would merely float a ship in the interest of commerce the sewer will serve with all its filth, but if you would drink deep refreshing drafts of Nature's pure, life-sustaining water, you must go to the mountain and the narrow clear stream in its bed of rock. Build there your reservoir and pipe your pure streams where you will into the valleys below, for no filtering plant, no matter how scientifically constructed, will make the water taken from the polluted river of the populous plain anything but dangerous for home

use. It is so in the world of thought. It is so in Homeopathy. You must go back to the origin. You must ascend to the fountain head. You must listen to the fathers and founders. You must hear those to whom the revelation has been made on mountain top or Patmos Isle. You must receive "the tables of stone" from the hands of the Lawgiver and cherish them. You must not fashion a "golden calf" and set it up to be your god. You must not stray away from the truth. You must "hold fast the form of sound words." You must not waver nor fail in obeying "all the precepts of the law," for great is your responsibility.

HAS THIS ASSOCIATION A RIGHT TO EXIST ?

The right of the International Hahnemannian Association to exist has been challenged, and every effort has been made, and is being made to destroy it. Its existence has always been a source of annoyance and irritation to the "commercialized class" and to the body from which it sprang. The opposition, criticism, ridicule and oppression which compelled its formation still exist, in spirit, if not in such unrestrained expression as formerly. It is characterised as hypocritical, pharisaical and insincere, as maintaining an "I am holier than thou" attitude ; its members are called "Hahnemaniacs ;" they are continually being urged to renounce their allegiance and return to the old fold. It has even been proposed to take the Association as a whole and make it a section of the

American Institute of Homeopathy; and all this because its existence is a standing protest against the ever-present tendency to drift away from sound principles; against any and every unhomeopathic practice by professing homeopathic practitioners or societies, who are thereby made uncomfortable. Has this Association a right to exist? Has it demonstrated its usefulness or necessity? Is it alive, or dying, or dead? Is it degenerating? If so, what are the signs and what the dangers before us? This Association was formed for the purpose of defending, maintaining and promulgating in their entirety the principles and methods of pure Homeopathy. Its members are expressly pledged and morally bound to be governed by these principles in their treatment of the sick. As an organization it constitutes the "Guard of Honor" of that priceless possession bequeathed to our school by its founder, Samuel Hahnemann—the system of healing set forth in 'the Organon of Rational Medicine.

Smythe, in his work on "Medical Heresies" after quoting from numerous writers of the Homeopathic school to show that they had abandoned every cardinal principle of Hahnemann's Homeopathy, refers to the preamble and resolutions adopted as the platform of the International Hahnemannian Association in the following words:—"The formation of this association and the adoption of this platform of principles *is a return* to the pure, inflexible, dogmatic Homeopathy of Hahnemann."

WHY THIS ASSOCIATION WAS ORGANIZED.

The circumstances which led to its formation, 26 years ago, were authoritatively set forth by Dr. Clement Pearson of Washington, in a historical sketch which opens the first volume of our Transactions. Briefly and substantially they were as follows :—The causes that gave rise to the organization of the International Association were operative for a number of years before any decisive action was taken. The immediate followers of Hahnemann had long noticed with regret the retrograde movement on the part of the would-be leaders in the so-called homeopathic school, the advocacy in our journals and medical societies of palliative treatment with crude drugs, and the heresy that "whatever cures must be homeopathic." The increasing tendency to ignore every cardinal principle of Homeopathy as laid down in the Organon and the disposition to amalgamation with the allopathic school, made it evident that something should be done to check this suicidal policy. At first, by concerted effort among Hahnemannians, the medical societies and journals were resorted to. Carefully prepared reports of cases, and theoretical and practical papers illustrating the superiority of pure Homeopathy over any and every mixed practice were presented and published. These efforts were met with criticism and ridicule, while the papers and accompanying reports of discussions were sometimes suppressed in the transactions of the societies before which they appeared.

At the session of the American Institute of Homeo-

pathy held at Cleveland, Ohio, in June, 1873, a meeting was held to consider this matter, but no decisive action was taken. In 1874, by vote, the word "Homeopathy" was stricken from the requirements for membership in that body. In 1879 the project known as the "Milwaukee test" designed to confute the teaching and practice of Hahnemann and his followers in regard to the use of potentiated medicines was carried out and published, serving to still further pervert the wavering and unthinking, and confirm the wayward in their evil course.

Conditions appeared to be growing constantly worse. On June 26th, 1880, therefore, at Milwaukee, during the annual session of the American Institute, a meeting of those in favor of organizing a new and purely homeopathic society was called. Dr. P. P. Wells was called to the chair, and Dr. H. C. Allen was appointed secretary. Dr. C. Pearson stated the object of the meeting and presented the series of resolutions which, with some subsequent changes in phraseology, became our present declaration of principles. The resolutions with a short constitution and by-laws, after discussion, were adopted.

The following persons paying an initiation of one dollar and subscribing to the constitution, thereupon became members, A. Lippe, George F. Foote, C. Pearson, H. C. Allen, O. P. Baer, P. P. Wells, E. W. Berridge, W. H. Leonard, T. F. Pomeroy, J. P. Mills, E. Rushmore, T. F. Smith, E. A. Ballard, T. P. Wilson, T. W. Poulson and Edward Cranch.

The officers elected for the ensuing year were P. P. Wells, president ; T. F. Pomeroy, vice-president ; H. C. Allen, secretary-treasurer ; and E. W. Berridge, corresponding secretary, at whose suggestion the society was named "The International Hahnemannian Association."

At the second meeting in 1881, thirty-six new members were added including many men of national reputation.

CONSISTENT WORK AND STEADY GROWTH.

From that time on for a number of years the growth of the association in members and influence was steady. It became a great power for good. It gave Homeopathy a new standing before the world at once. It demonstrated not only that the principles and methods of Hahnemann were true, but that there were enough strong men and women in the profession to stand together and defend those principles successfully against all attacks. It created an *esprit de corps* such as had not been known since the early days of the American Institute of Homeopathy, or among the still earlier personal disciples of Hahnemann. To be a member of such a body was an honor, nonetheless appreciated because the requirements for membership were exacting and rigidly enforced. It established a chain of highly qualified and intimately associated homeopathic experts throughout the United States and to some extent in Great Britain, Europe and India. It gave new life to flagging journals,

hospitals and colleges. It became a school for the young and inexperienced, and a centre of inspiration, refreshment and encouragement for the elders who brought to it the product of their ripest experience and deepest thought. Its transactions now form a library of choice literature, second in value to no other discursive writings we possess. It demanded something more than a mere formal acceptance of the phrase which had come to be regarded as little more than a motto,—"Similia Similibus Curantur"—because it saw something more in that phrase. It became the representative and exponent of a large and more philosophic conception of what is contained and involved in that triad of pregnant words. It demanded that a man should not only theoretically know, but that he should square his practice with his knowledge. It set before its members the ideal of mastery of principles, perfection of technique, loyalty to truth and consistency in practice, and in the carrying out of this ideal, it brought together such a body of men and women as the homeopathic world had never seen before ; men of world-wide reputation, famed for their ability, their loyalty and their consistency as homeopathicians. The rehearsal of all these names would be a privilege, but I will ask you only to let your thoughts dwell for a moment on the names of a few of these loyal workers, "who rest from their labors, and their works do follow them." Think of Adolph Lippe, P. P. Wells, Edward Bayard, Samuel Swan, E. A. Ballard, Rollin R. Gregg, Adolph Fellger,

Clement Pearson, William A. Hawley, George F. Foote, Benjamin and Frederick Ehrmann, Temple S. Hoyne, Clarence Willard Butler, A. R. Morgan, J R. Haynes.

These are names to be proud of. The memory of their work and their personalities is a constant inspiration to us. To have gathered such a body of men and women together as are and have been members of the International Hahnemannian Association, for organized work in a great cause, is to have accomplished something worth while. To hold ever before our minds such an ideal as this association has striven realize is the most inspiring thing that could be done. What matter that as individuals we may have fallen short in our efforts ? What matter that as an association we have had trials, failures, mistakes, disappointments ? We have at least *had an ideal* and have tried to embody it. That is something.

(*To be continued.*)

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"The knowledge of disease, the knowledge of remedies, and the knowledge of their employment constitute medicine."

—S. HAHNEMANN.

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HOMEOPATHY.

Sometime ago there appeared an article in a Bengali Journal headed "বাঙ্গালার পল্লী". It is written by a gentleman who is an M. A., and covers diverse subjects. The writer begins with a harrowing description of the village life of Bengal. But it tries to embrace biology, astronomy, medical and allied sciences, politics and religion.

There are men in Bengal, who have devoted their lives to the cause of science and politics, and who have surely raised Bengal to a higher plane in the estimation of the world.

It is not my intention, and neither am I competent, to deal with all these subjects as the writer of this article has done. I shall only dwell on two subjects which have been touched upon and dealt with very lightly in this article.

(1) Homeopathy.—The writer regrets that the people of this country have taken to Homeopathy so

kindly. Although he knows nothing about this science and art of treatment, as is evident from his writing, he does not hesitate to run down Homeopathy in most emphatic terms. I am afraid, it would be folly for me to enter into an elaborate description of this system of treatment. Suffice it to say that Homeopathy is popular not only in India, but is a recognised system in the most advanced of all countries, namely the United States of America. The writer most unwittingly remarks.—"সম্পূর্ণ পরিবর্ত্তনবিমুখ দেশে হোমিওপ্যাথি ঠিক খাপ খায় না". How far this remark is true is patent from the fact that Homeopathy has not been able to make such progress in conservative England as it has done in America. Perhaps the writer is not aware, that many a scientific man began the study of Homeopathy. to expose its fallacy, but invariably ended by becoming great savants for the cause of Homeopathy. The names of Von Grauvogle, Constantine Hering, Mahendra Lal Sarkar, and Behari Lal Bhaduri are well known to the world. It is true Homeopathy lacks the glittering parapharnalia and the awe-inspiring methods of the dominant school, but its charming effects and remarkable efficacy have always established its sway wherever it has been honestly and fairly tried. The writer has showed his ignorance about this system of treatment when he said—"যে চিকিৎসাশাস্ত্র Schwannএর Biological cell theory ও Pasteurএর Bacteriology এখনও হিসাবে আনে নাই, বোধ হয় সে চিকিৎসাশাস্ত্র ব্যবহারে আনিলেও একেবারে তাকে সার্ব্বভৌমিকত্ব দেওয়া কর্ত্তব্য নহে. Let me tell him right here that

Hahnemann who was busy discovering a science of treatment for mitigating the sufferings of humanity had to devote the whole of his time and energy in the discovery of a science of Therapeutics, and had little time to devote to the study of Pathology and kindred subjects. His writings abound with proofs that he thought bacteria was often one of the exciting causes of diseases, and his followers have always studied Bacteriology and given it the place to which it rightly belongs.

It would be perhaps a little interesting information to men like the writer of this article, to know that Homeopaths used such remedies as Psorinum, Tuberculinum, Diphthirinum &c. long before the Tubercle bacillus was discovered by Koche and the antitoxin treatment came into vogue. Let me tell them again, that the infinitesimal doses promulgated by Hahnemann have been received with open arms and made use of by bacteriologists and all medical men of the present day.

Of the saline treatment of Sir Leonard Rodgers of which he has heard so much but understands so little, I have only to say that it is doomed to the same fate that so many other methods of treatment that have been promulgated by the stronger men of the dominant school. They have all disappeared with the disappearance of their authors. The saline treatment will ere long be replaced by the glucose or some other such treatment.

(2) A few words aboutreligion and I am done.

Hindu religion is too vast a subject to be handled by a man of my abilities. But the educated men, many of whom are devoting their lives for this cause are quite competent and are doing much towards elevating our society from the low level to which it has fallen as the result of the ignorance of some of our so-called educated men. It is indeed a very happy sign of the times that many of our educated young men are following the lead of our great men.

To impute dishonest or mean motives to men like Ramkrisna Paramahangsa, Swami Vivekananda and others is almost a sin and a crime.

J. N. M.

ON DEGENERATION.

(Continued from page 192, No. 6, Vol. XXXI.)

Our true mission was never so well set forth as in the closing paragraphs of the memorable address of its first president, the ever-to-be-revered Dr. P. P. Wells.

"What then are the members of this association to do, the results of which will justify their existence as an associated body? We know of but one thing and that is work—earnest, honest incessant work. Not work upon partialists, mixed or old school men, but upon the elements of sickness, that a knowledge of them in their totality may be more readily obtained when treatment is needed; and upon the materia medica, that its elements may be mastered in the same detailed totality, in order that the similimum

may be more readily found and applied with that certainty of assurance of which guessing makes no part.

"Work of that sort persisted in will by and by mature a power greater than any argument, however masterly, or than any controversy, no matter with what earnestness it may be waged. Work of this sort will in time, by its results, demonstrate to the public mind the superiority of the pure practice of the homeopathy we advocate over that which is partial or mixed, as well as over the practice of the old school. Thus, and thus only, can the interests of true homeopathy be advanced, and the objects for which this association was organized be secured."

Time and experience have proven that Dr. Wells was right. So long as the association has confined itself to following out this policy it has prospered; but when it has forgotten or strayed away from the principles here set forth, whether in the direction of excess of zeal in the disoipline and criticism of its own members, or the spirit of partisanship and aggression toward those who differ with us, it has suffered. What then are the dangers that confront us and how are they to be met?

OUR DANGERS AND OUR DUTIES.

First, indolence- Such an ,association, and every member of it, is always in danger of "dry rot." The tendency of one starting toward the attainment of a high ideal is to be over-enthusiastic at the beginning, and later, after the excess of zeal has been toned down by experience, to sink toward the other extreme

of indolence. One starting on a long walk must "strike his gait" before he wastes his strength, and then settle down to a steady, easy stride, if he would finish his journey and enjoy the scenery and incidents by the way.

Indolence with us must show itself in a tendency to relaxation of vigilance and lowering of standards in the matters of admitting new members with insufficient investigation of their antecedents. It shows itself also in default of discussion and criticism of papers presented for our consideration, indicating lack of mental alertness. Do not be suspicious of the word "criticism." Criticism is not condemnation, and discussion is not always difference, but both are legitimately exercised in the spirit of intelligent appreciation and approval of the good and charitable consideration of the defective, the partial or the bad.

This society exists for mutual improvement. If a member is detected in any fault of theory or practice, as shown in any paper or discussion before this body, that fault should be pointed out and discussed, not in any carping spirit, but freely, kindly and intelligently, that all may profit by it. Not one of us is infallible, not one is impeachable. Everyone of us needs to be reminded of his failings and shortcomings at appropriate times. We do not want to be nagged in our daily lives, but we do need seasons for mutual as well as self examination and criticism. Like the merchant, at least once a year, we should "take account of stock," examine every article, and carry over into the next

year nothing that is defective, damaged or out of date. It might be well for us to further imitate the merchant and establish a "bargain counter" where defective theories, damaged ideas and out of date methods are "marked down from one dollar to twenty-three cents." These annual meetings are an assembling of the members of the corporation to take account of stock, direct the disposal of remainders, go over the books, and decide on the policy for the coming year.

Another danger which confronts us is lack of intelligent direction of our associated activities ; and this is often due more to slothfulness than to ignorance. The president, through lack of energy, may fail to properly consider and reflect upon his policy and its details ; or, having a clearly conceived policy, may fail from the same cause to impress it upon his subordinates, chairmen and committees The secretary and chairmen of bureaus may be negligent and slothful. A good and helpful meeting depends upon the intelligently combined efforts of every officer and every member. Every one must do his part. We do not come here to loaf, or to be amused, but to work.

In the bureaus also there is danger of deterioration through failure on the part of the chairmen, first to have a clear and coherent plan of action, and second through lack of energy in securing the co-operation of members. It takes time, patience and much stationery on the part of a chairman to secure for his bureau even a fair representation of the best thought and work that the members of the association are

capable of. Sad to say, not every one will respond to a first invitation, and some not even to a second or a third. The secretary tells me that "some of the chairmen have had to be clubbed to get programs from them," and he sits there in terror of what awaits him out in the back alley. But what will the chairmen say of the contributing members? Most of us are guilty of negligence in the matter rf correspondence. The absorbing, exacting, fatiguing, nerve-racking character of much of our work, especially during busy seasons of the year, tempts us to sink into inertia when the hour of relaxation comes; and so, too often, the letter of courtesy gives place to the letter of necessity, until for very shame, we reply not at all to the letter that at first was only postponed. There is no excuse for it. By the adoption and pursuit of an intelligent system the difficulty could be overcome. It is only a common manifestation of indolence.

A FEW PRACTICAL SUGGESTIONS.

In the bureau of Materia Medica we have had too little materia medica. Too often the younger and less experienced members have been overlooked or forgotten. The addition to the regular program, at each annual meeting, of a model lecture on materia medica, illustrating the latest and best methods of studying and using the materia medica by a study of some drug or group of allied drugs, might prove to be a valuable feature, profitable to old as well as young. Would we not look forward with pleasure

each year to such a lecture by a Dunham, a Farrington, an Allen, or a Boger ? And should it not be made the duty of each chairman of the bureau of Materia Medica to prepare or procure such a lecture for the association ?

Has any one a new way of studying materia medica ? Is there a new "wrinkle" that will help us to remember the genius of a drug, and recognize it when we meet it ? If there is, let us have it, and we will appraise it. But if not, then let us present again the old and well tried, the familiar but neglected, in such a way that they will seem new. Old things are the most interesting after all, because we see them with new eyes. A new thing seen without experience is only a novelty, soon to be put aside until we are ready for it. The old things are existent because they contain the elements of endurance within themselves, and it is only the good that endures. "Old friends are best." "Old wood to burn ! Old wine to drink ! Old friends to trust ! Old authors to read." Well might we say of our literature "when a new book comes out I read an old one," for the majority of the new ones would be better left unread until they, and we too, were old.

Our surgical bureau is not accorded the care and attention it should have. By resolution some years since its activities were, I think unwisely, restricted to the field of surgical therapeutics. The surgeon, like the therapeutist, is essentially a specialist. When he is deprived thus of his principal field of interest

and activity his enthusiasm is gone and he is not likely to devote much time or attention to what is to him a minor subject. Hence the meager repast on the surgical board this year. Our bureau of surgery might as well be abolished, for the greater part of what is presented under its auspices could as well appear under the bureau of clinical medicine. This ought not to be, for surgery is of vital importance and interest to us all and indispensable at times in our experience. The relations between Hahnemannian Homeopathy and modern, high grade, conservative, aseptic surgery should be kept cordial and intimate as represented by this body, and the enthusiasm of our surgeons should be utilized.

Let us beware unless we lose, in any measure, the scientific spirit. Hahnemann's constant and insistent demand is for "pure experiment, careful observation and correct experience," and this applies in each new individual case of sickness applying for treatment as well as in original, technical, or therapeutical work.

Accurate observation, comprehensive examination, sound reasoning and correct deduction are the indispensable requirements, and by these alone are the true scientific spirit manifested.

Our allopathic brethren build and endow institutions where certain gifted souls, like religious devotees, retire and devote themselves to what they are pleased to call "original research;" from which periodically results the announcement to a waiting world of the

discovery of a new bacillus or a new anti-toxic serum; but to the Hahnemannian every patient, every case, is a field for original research, and as such receives his devoted and enthusiastic attention. It is not necessary for him to retire to a medical monastery to practise the precepts and principles of his master.

Finally, we have always to remember that the acceptance of Homeopathy in its entirety commits us to the philosophy of Dynamism as opposed to the materialism of the allopathic and pseudo-homeopathic schools, and that there is more than appears at first sight in the basic formula, "Similia Similibus Curantur."

HAHNEMANN'S FUNDAMENTAL TEACHINGS.

Hahnemann's doctrine of the Dynamics, or life force, and its correlated doctrine of potentiation and the infinitesimal dose, was as truly and inevitably a result of his scientific method as was his discovery of the principle of similia, in which they are involved and included. He devotes the first thirty paragraphs of the organon to demonstrating that the sphere of disease and the medium of healing can be nothing else than the life principle of the organism, upon which all action and reaction depends. Neither medicine nor disease can affect the dead body. To this we come in the last analysis, and this is final, that the dynamic disturbances of the body which constitute disease can only be reached and harmonized, or equalized, by medicines in similar dynamic state, which must be

adapted to the case not only by similarity of symptoms but by similarity of potency. In other words, the degree of drug potency must correspond or be similar to the degree of the disease potency. The doctrine of similia and the theory of potentiation and the minimum dose must stand or fall together, for they are correlated and philosophically inseparable.

This is compendiously set forth in our Declaration of Principles, of which we do well to frequently remind ourselves : "Both the Organon and experience prove homeopathy to consist of the law of the similars, which includes the totality of the symptoms as the only basis for prescribing, the use of the single remedy in the minimum dose of the dynamized drug, proven upon the healthy, and these not singly but collectively."

It is to recall the homeopathic school to these pure and original doctrines from which a large proportion of its professed followers have strayed, to give demonstration in its practical work of the methods and technique of the noblest of the arts and to stand as a living and constant protest against corruption and backsliding that this association exists.

It has no sympathy with those who curry favor with the allopathic school of medicine and ape its methods, and sets its face like a flint against amalgamation with that or any other school of medicine at the sacrifice of any or all of its fundamental principles or of its so-called "denominational name." It resists all efforts to influence it to return to the body from which its founders withdrew twenty-seven years ago, because

the same conditions exist in that body now which existed then and made the withdrawal necessary. Although its right to existence is denied, it has proven that right by an existence of twenty-seven useful and honorable years.

It has been troubled more about the "beam" in its own eye than the "mote" in its brother's eye, and has found its mission in healing the sick according to correct principles rather than in answering specious calls to be a "missionary" to other bodies at the expense of its own integrity, or devoting its energies to conciliating the American Medical Association and seeking an alliance that will never come.

It is in a hopeless minority so far as number is concerned and is aware of the inevitable operation of the law of degeneration within itself, but is sustained by the inspiration of a high ideal, and believes that it holds within itself also the germ and potency of a healthy regeneration always operating to preserve it from utter corruption.

HAHNEMANN, HIS WORKS.

"That . . . prodigy of genius and learning.—John Paul Richter.

Samuel C. F. Hahnemann, son of Christian C. Hahnemann, was born at Meissen, Saxony, April 11, 1755. As a boy he displayed extraordinary ability. In his twelfth year he was appointed instructor in the rudiments of the Greek language. At twenty he was a thorough master of six languages

German, French, English, Italian, Latin and Greek. He was able to support himself at the University of Leipsic by giving instruction in these several languages and translating therefrom into the German. His medical studies were pursued at the famous centres of learning in Europe. He graduated in medicine with special honors at Erlangen in the year 1779. He was a member of numerous scientific societies, and was well versed in many branches of science not connected with medicine.

While yet a young man he was made surgeon-in-chief of the hospital in Dresden. In 1784 he published an original work on the treatment of chronic ulcers, and originated in his practice a new treatment of caries of the bones which half a century later was associated with the name of the celebrated Hey of Leeds, who is generally accredited as its author.

A little later he was made superintendent of the insane asylum at Gaergenthal, where he inaugurated the non-restraint system and the mild and humane methods of treating the insane which prevail at this day. He states : "I never allow an insane person to be punished either by blows or by any kind of corporal chastisement, because there should be no punishment where there is no responsibility, and because these sufferers deserve only pity and are always rendered worse by such rough treatment and never improved." These are the principles that are now generally adopted for the treatment of insanity, but when Hahnemann practised and enunciated them the

insane were everywhere treated like criminals; chains, stripes and cruelty of the most atrocious description were universally employed in all the asylums in Europe. Hahnemann, then, initiated the modern rational treatment of insanity. Pinel has been credited with it, but before Pinel made his first experiment of abolishing the chains and tortures to which the insane were subjected, Hahnemann had taught and practised with success the non-restraint method.

Hahnemann had a profound knowledge of chemistry, and contributed many valuable articles on chemical subjects. Among the chemical discoveries with which his name is connected, his test for the detection of chemical substances in wine gained for him a wide reputation. It was universally adopted and was long known as Hahnemann's wine test, and is still used by most European chemists. In 1786 he published a work on arsenical poisoning, which was highly esteemed at the time and is still cited as an authority by writers on toxicology, among others, by that rabid anti-homeopathist, Christison. Between 1793 and 1799 he published a pharmaceutical dictionary, a veritable cyclopedia of the apothecary's art, which was long the standard work on the subject, and considered indispensable in pharmaceutical work.

In 1812 he was admitted to the faculty of medicine at the University of Leipsic, where he lectured for many years. In 1822 he was created *Hofrath* or Counsellor of State.

HIS DISCOVERY OF THE HOMEOPATHIC PRINCIPLE.

Hahnemann early saw the imperfections of the treatment of the day. In his first medical work he calls attention to the absence of any principle for ascertaining the curative powers of medicines. But it was not till 1790, while he was translating Cullen's "Materia Medica," that he was led to make experiments that resulted in the discovery of the homeopathic principle. After several years of experiment and research, and having collected a vast amount of material which strengthened and corroborated his views respecting this rule for the employment of medicine in disease, in 1796 he published in Hufeland's *Journal*, the leading medical periodical in Germany, a remarkable essay entitled "A New Principle for Ascertaining the Remedial Powers of Medical Substances." In this eassy he expounds his principle and points out the necessity of ascertaining with exactness the positive effects of medicines on the healthy human body in order to make practical application of this therapeutic rule in the cure of disease.

This proving of drugs on the healthy meant the reconstruction of the materia medica, or rather the founding of a new one, a task which would have appalled the stoutest heart and was thought to be beyond the power of any single individual to execute. But Hahnemann, animated by the firmest convictions, and fired with an unconquerable enthusiasm, boldly attempted it. He spared himself neither toil nor

suffering, and alone and uncheered by any encouraging friend he underwent the martyrdom of proving— that is, half poisoning himself with many powerful drugs. "When," he writes, "we have to do with an art whose end is the saving of human life, any neglect to make ourselves thorough masters of it becomes a crime." Never since medicine was practised was there such a gigantic work undertaken ; never did any author of a medical system show such indomitable perseverance, such implicit faith in his own discovery, undaunted by the contemptuous treatment his doctrines met with from his colleagues, great and small.

Some idea of the colossal task Hahnemann accomplished can be formed when it is known that his works on materia medica include original provings of ninety different remedies. This method of ascertaining the effect of drugs has received the sanction of scientific men of all shades of medical opinion.

In 1805 Hahnemann published in two volumes his first work on the effects of medicines on the healthy, as observed by his trials of medicines on himself and his family. In setting forth his theory, at first he limited it to certain forms of disease of a chronic nature. This book was followed in 1806 by a work entitled "Medicine of Experience," containing an exposition of the homeopathic method now thoroughly elaborated by him, and no longer limited to the treatment of chronic diseases, but applied to all diseases, acute as well as chronic.

He went on pursuing his investigations into the

action of medicines on himself, and after years of patient and unassisted labor he published in 1811 the first part of his "Materia Medica Pura." He was afterwards assisted in his task by a few devoted followers, and the work has been carried on to this day by the adherents of homeopathy all over the world, until now several hundred remedies have been tested as to their effects on the healthy body, constituting a new materia medica, and forming an invaluable treasury from which remedies can be taken for every curable disease.

Hahnemann continued all his life to expound and elucidate his system. Six volumes altogether of his "Materia Medica Pura" were published, three editions of which were issued from 1811 to 1833. He published two more works, the "Organon," of which five editions were published between 1810 and 1833, and "Chronic Diseases, Their Nature and Homeopathic Treatment," in five volumes, two editions of which appeared between 1828 and 1839.

The small doses and finer action of homeopathic remedies, in contrast to the drastic doses of crude drugs of the old school, necessitated much care as to hygienic measures. Hahnemann inaugurated great improvements here. His observations on diet, exercise, recreation, bathing and pure air, are quite up to the mark of our standard works. Many unprejudiced allopaths will admit that for almost all the hygiene of today, the world is indebted to Hahnemann and his system. One of his works, "Friend of

Health," was devoted to hygiene, diet and sanitation. The vast amount of knowledge he possessed upon these subjects is amazing. Many passages might be supposed to have been written by one of the hygienists of the present day.

Gradually year after year the law of similia is being unconsciously recognized by the profession in general.

—*The North American Journal of Homeopathy.*

PLUMBUM METALLICUM : A REVIEW OF SOME OF ITS SYMPTOMATOLOGY.

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During the past ten years there has been an enormous amount of research work done upon this remedy. Much of this information is of utmost importance to the homeopathic profession and, since most of the work is hidden away in little-read American and foreign journals, the writer feels that it may not be amiss to point out some of the confirmations of the symptomatology, together with many suggestive additions that have come to us. It is simply for the purpose of making this information available that this review is offered.

It is a very well known fact that the drug has an action upon many tissues so that a brief readable presentation of the material is more or less difficult. For this reason the usual scheme of presenting the symptomatology will be followed.

BRAIN.

It has been repeatedly emphasized for many years that lead has a profound action upon the brain. The symptomatology resulting from iead poisoning in reference to this organ is manifested in many ways, depending upon various factors, such as the rate of ingestion, etc. The most recent work upon the acute cerebral manifestations of lead poisoning is that of Barron et al. Since this work is available to all, no time will be spent upon their paper. It may, however, be pointed out that many of the early symptoms of their cases resemble those of lethargic encephalitis, although the tissue pathology is different. Another better known manner of the action of lead is in the production of lead encephalopathy. The symptoms here vary, but those frequently seen are delusions, hallucinations, more rarely illusions resembling those of the acute alcoholic psychosis. The cases may have trance-like attacks, and not rarely in these cases we see epileptiform seizures and coma. As Oliver has pointed out the encephalopathic changes are frequently preceded by attacks of crying and laughing. These so-called hysterical attacks have also been described by Charcot as hysteria saturnine, a syndrome having weakness, nervousness, pain all over the body and frequent alterations of emotions, as attacks of crying.

A point not emphasized sufficiently is that women are more prone to mental symptoms in lead poisoning than are men, some authors say the ratio is four women

to one man. Prendergast in his analysis of 405 cases shows that the relation is over 2:1. It is of interest, also, that the epileptic phenomena are about equally distributed throughout the two sexes, while paralytic changes are twice as common in males as in females.* The reason for the paralytic changes will be explained later.

It may be worth while to mention that the symptoms vary in lead encephalopathy according to the severity of the disease. In the mild form one is apt to see disorders of digestion, cachexia, slight abdominal pain, and slight indefinite pain, polyuria with a small amount of albumin. In the severe forms, one sees severe disorders of digestion, severe cachexia, acute colic, fetid breath, paralysis, disturbances of vision, tremors, nephritis and convulsions.

The brain pathology has been worked out by many observers, from Westphal down to the present time. It has been pointed out that there seems to be a direct action upon the nerve cells, especially the cells of Betz. There is also a direct action upon the blood vessels producing hemorrhage with a subsequent encephalomalacia. In spite of the fact that the tissue pathology in lead poisoning does not exactly resemble the tissue pathology in paresis, there is a great resemblance in several other important respects. In the first place, the symptoms resulting from the two diseases may be identical. In the second place, as first pointed out by Schnitter, there is frequently a positive Wassermann reaction in lead poisoning in

cases in which syphilis can be ruled out. This fact has been confirmed by several observers. In the third place, there is an increase in the cell count in the spinal fluid. These increases usually consist of an excess of small mononuclears and a smaller increase in the amount of large mononuclears. In the fourth place, it has been shown by Gibson that there is frequently an increase in the spinal fluid pressure. The resemblance of lead poisoning to paresis is therefore not superficial. The fact that the sufferer from chronic lead poisoning is frequently neurasthenic has been emphasized by Hirsch.

More of the symptoms seen in reference to the brain will be mentioned in other places, but a general summary may not be out of place at this point. The mental symptoms may be summed up into a group showing toxemia with sensory disturbances, hallucinations of sight and hearing, and a symptom complex closely resembling general paralysis with its tremors, increased knee jerks, inco-ordinations, and listlessness at times amounting almost to dementia. It should be added that not rarely there is actual dementia. These points may possibly make clear the resemblance of syphilitic nervous disease with its protean manifestations to that of chronic plumbism.

EYES.

Here one again sees the action upon the nervous system. It may be manifest by various external ocular palsies such as are mentioned by Williams.

Again it may show itself as an ophthalmoplegia interna as reported by Brose. More rarely there may be a more or less complete homonymous hemianopsia, either right-sided or left-sided, as cases reported by Bihli, Farr and Posey and Williams. De Schweinitz has classified the action upon the eye in his masterly treatise. According to him the cases may be classified into five groups. The first, the transient amblyopia without ophthalmoscopic change due to anesthetic effect of the lead on the retina (Oliver) and not unlike amaurosis from uremia without fundus changes. In the second group, without distinct fundus changes or at most some hyperemia of the nerve head and undue filling of the retinal circulation due to a retrobulbar retinitis. This type may terminate in blindness due to optic atrophy. In the third group there is an optic neuritis or neuroretinitis either specifically due to lead or secondary to changes in the brain or in the kidneys. In the fourth group, either secondary to papillitis or due to the primary effect upon the visual apparatus. In the last group are placed the various types of retinitis often due to lead nephritis but also to primary vasculitis and pervisaculitis. In another place Oliver points out that there are two types of neuroretinitis. The actue seen as a part of the encephalopathia associated with headache, vomiting, sudden blindness and convulsion, followed by optic atrophy. The other form, according to Oliver, is seen in the chronic form of poisoning associated with kidney disease and albuminuria, the field of

vision resembling that of retrobulbar neuritis with central scotoma.

In Prendergast's cases females were more liable to eye affections than males. This is probably because of the greater number of cases of encephalopathy in the female. Upon ophthalmoscopic examination retinal hemorrhages are occasionally seen.

FACE.

Cowperthwaite mentions that the face is sallow, pale, complexion like the face of a corpse. That the face in lead poisoning is sallow in high percentage of the cases is acknowledge by all. The pale face seen in lead cases is not due to an anemia but to an interference of the nerve supply of the blood vessels causing a vasoconstriction of the blood vessels of the face. In addition to the pale face one sees very frequently a loss of subcutaneous fat, particularly in the orbital and buccinator region.

In addition to the thin face, there is a group of cases with a chronic parotitis in whom the swelling of the parotid glands simulates mumps. This group has been mentioned especially by Wesselhoeft and deserves careful study. There is an excellent resume of this particular phase of the subject in his article. Cowperthwaite also mentions a yellowness of the sclera, which will be explained under liver. In another group of cases there is apt to be a glistening cornea and sclera.

MOUTH.

In the materia medica we see the symptoms, tongue

dry and white and, usually in italics, taste sweetish.* Shie mentions in a recent article the sweetish metallic taste. Cushny speaks of this under the acetate of lead. Appelbach in an analysis of 934 cases of plumbism finds a coated tongue in only 21.3 per cent of the cases. I mention this in order to point out that this last symptom must be very unimportant. The story of the lead line in the mouth is classical but it may be mentioned that this finding is also seen in Bismuth, Mercury, Silver, and Iron and probably in any metallic poisoning which is capable of forming a colored sulphid. A finding of much more importance is a fine tremor of the tongue. This was found in a critical analysis of 72 cases, in 54 per cent. (Relationship to general paresis and bulbar palsies ?) Another finding in the permanently aged plumbum case is loose and decayed teeth. It is difficult to say whether this is a cause or an effect. Finally there may be a fetid breath.

THROAT.

In one materia medica we have paralysis of the throat. Madame Dejerine Klumpke quoted by Osler and by Butler points out the laryngeal form of lead palsy and Osler further quotes Morell MacKenzie in speaking of adductor palsies. Donelan has reported a double paralysis of the superior laryngeal nerves in the course of a disseminated sclerosis due to lead poisoning. Appelbach also speaks of marked thyroid enlargement in many of his cases but makes no

deduction as to whether or not he believes there is any relationship.

STOMACH.

The gastric symptoms of plumbum are, in the main, loss of appetite, nausea and vomiting. To give the confirmations of these symptoms would merely be a recitation of the literature. In addition there are some interesting findings. Schiff found that in addition to the acute attacks of lead colic there are many cases presenting protracted pain in the stomach. For example he cites forty-eight cases of which fourteen were diagnosed pyloric ulcer. Of the forty-eight cases twenty-six had hyper-acidity and hypersecretion and he concluded that lead causes an intense secretory irritation in the stomach with a secondary ulcer formation. Another author has pointed out that duodenal ulcer is at times an effect of lead poisoning although not a common cause. I mention these two references to show that there is sufficient pathology in the stomach to cause the symptoms mentioned in the materia medica, such as nausea and vomiting of substances streaked with blood.

There is another type of vomiting that should be mentioned, although it might better be considered under the nervous system. Here I refer to the vomiting seen in the gastric crisis of tabes. It is of interest to point out that a fractional analysis of the gastric contents during a gastric crisis of tabes shows the same hypersecretion that one sees in chronic

plumbism. I have had an opportunity of observing this finding in several cases after Lyons had pointed out the gastric curve in gastric crisis. It may not be amiss to recall that a positive Wassermann, an increased cell count in the spinal fluid, and abdominal pain, associated with typical findings of hypersecretion, may be found under either tabetic crisis or plumbum. It seems to me that this offers the most rational explanation of the mechanism of the almost immediate relief that we see when we give plumbum 6x to the tabetic.

ABDOMEN.

The typical lead colic needs no further statement other than to mention it. It is rather pleasing to notice that the relief from pressure is mentioned in so many references as a very suggestive symptom. In addition to this severe type of colic another type is mentioned—that of children. One symptom not frequently seen in other types of lead poisoning is diarrhœa. (Constipation may be present in some cases). If the child is old enough it may complain of abdominal pain. The main point that I wish to bring out is that in these cases there is apt to be temperature and occasionally an increase in the number of leucocytes (see esp. 13). During the attack of ordinary lead colic the amount of urine is diminished as well as the chlorides and increased after the attack. The uric acid is excreted in diminished amount during the acute attacks and according to Goetze the urinary

nitrogen is increased. Owing to the fact that the constipation of lead poisoning and the theories as to its cause are so generally known no other mention will be made of this very important symptom.

KIDNEYS.

There is practically a universal agreement that the action of lead upon the kidneys is similar to that of other epithelia poisons, as uranium nitrate, the chromates and others ; (for uranium nitrate see 18). The histological picture, as has been shown many times, resembles very closely human arteriosclerotic kidneys. The chronic cases present the usual urine of a chronic kidney, that is, albumin and a few casts. In addition to this there is an acute kidney which has been mentioned above. The blood chemistry is merely what one would expect in a chronic kidney, that is, an increase in non-protein nitrogen.

LIVER.

Ophuls reports some interesting research upon the liver of animals with experimental lead poisoning. The liver was atrophic or showed granular degeneration of the hepatic cells almost amounting to a true fatty degeneration. There was an increase in the connective tissue elements—in other words there was an intercellular cirrhosis not unlike that met with in congenital syphilis (Oliver, *Gouldstonian Lectures*). Mallory, quoted by Ophuls, said that lead salts given just below the fatal dose produce in a few days a

hyaline lesion in the liver cells, similar in all respects to an alcoholic cirrhosis in man. The removal of the dead cells causes a tendency to collapse upon the surface and in the interior there is a dilatation of the capillaries in the same way as is observed in the subacute yellow atrophy of human livers.

SEROUS MEMBRANES.

Charcot and Gombault pointed out that in seven of fifteen cases there was a pericardial effusion, sometimes simple and sometimes bloody, associated with the formation of abundant false membranes on the layers of the pericardium. The peritoneum is thickened and the capsule of the spleen is thick and fibrous. Perihepatitis ascites and peritoneal adhesions are not uncommon. The typical Zuckergussleber of Pick's Disease has been produced.

SLEEP.

Shie, quoted above, points out the presence of insomnia in many of his cases concerning this symptom.

MALE.

Weller has pointed out in his research upon guinea pigs that the male is likely to be sterile or that there was a reduction of the birth rate. Offsprings are especially liable to early death and those who escape early death are usually underweight throughout life. With reference to the female, there is a great liability to abortion, as pointed out by Prendergast. 41.1 per

cent of his cases aborted. This has been confirmed by numerous observers.

RESPIRATORY.

The materia medica gives a number of symptoms, as dry, spasmodic cough with purulent expectoration. Appelbach's article shows many cases with the findings of pulmonary tuberculosis.

HEART.

In Barron's case there was an increase in the amount of interstitial fat. It is practically universally admitted that plumbum causes an arteriosclerosis and this factor, together with the chronic nephritis, accounts for the hypertrophy and dilatation of the left ventricle and subsequent symptoms. In many cases the pulse of plumbum is slow until myocardial changes are quite marked.

LIMBS.

There are many interesting symptoms in reference to the extremities. A symptom not often mentioned in the materia medica, but quite important, is tremor. The tremor is apt to be of different types. It may be very fine like the tremor of toxic goiter and again it may be coarse like the tremor of paralysis agitans. In Appelbach's cases it was noticed in 18 per cent of the critically analyzed cases. The weakness mentioned in the materia medica was found in 10 per cent of the cases (in hands) and in 17.1 per cent of the 934 cases. When pain is mentioned we usually think of plumbum.

18 per cent of the cases had "neuritis." Once more we should recall the lancinating pains of tabes. In addition to this group of pains there is another group loosely placed together in the arthralgias. In these cases the pain does not follow the nerve trunks, but is apt to be localized near the large joints, generally the elbow, knee, shoulder (myalgia). This group of pains has been likened to those occurring in gout. In favor of this is the fact that there is an increase in the nitrogen fraction in the urine representing the purin group.

Of great importance are the paralytic symptoms seen in lead poisoning. The well-known wrist drop is an illustration in every text-book. It is interesting to note that Mellon, formerly of this school, was one of the first to show that lead did not have a specific effect upon any muscle but the explanation for wrist drop was a problem merely in fatigue. I believe that the problem of fatigue accounts for the fact that paralytic symptoms are so much more frequently seen in men. Wrist drop was mentioned only to point out that any group of muscles used to the point of fatigue may be affected in lead poisoning. The paralytic manifestations may be of several different types. For example, Cadawalker has described two cases of amyotrophic lateral sclerosis due to lead poisoning and in his article mentioned several other cases. More frequently found is progressive muscular atrophy, especially of the Aran Duchene type. These are considered especially by Dejerine Klumpke,

She speaks of the localized types, among which is first the antibrachial type, the common wrist drop. Second, the brachial type, causing a scapulohumeral type (resemblance to Landouszy-Dejerine type). In the third group is the Aran-Duchene type of atrophy. Fourth, the peroneal type, and last the laryngeal. There are also generalized types of palsy which are detailed by Osler. Erlenmeyer has pointed out experimental bulbar palsies.

(To be continued.)

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"The knowledge of disease, the knowledge of remedies, and the knowledge of their employment constitute medicine."

—S. HAHNEMANN.

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INFANT FEEDING IN INDIA.

The high mortality that prevails among the infant population of this country is simply apalling. The death rate among infants in Bengal and particularly in the city of Calcutta is tremendous indeed. The recent census returns have proved that Malaria, Gastric troubles, Rickets etc. are the principal factors. In the city of Calcutta the insanitary dwellings, the poverty of the health of the parents and a lack of knowledge of ordinary hygiene among mothers have much to do with the cause of infant mortality. But the one factor that plays the most important role in the health and development of the child is infant feeding. Of course the most natural food for the child is its mother's milk, but very often the child is deprived of this for various reasons. In many cases the milk is not good and in others there is not sufficient supply. In the larger cities the mothers are generally cooped up in small dwellings and they hardly ever get proper exercise. They

live in most insanitary surroundings, so that their milk is almost invariably bad and in consequence the child suffers. The next best food perhaps is cow's milk. But this again is oftentimes too rich for the child. Cow's milk diluted with barley water, I find to be the best food for the infant. Where this is not procurable, people sometimes use goat's milk or ass's milk. They are also of doubtful value.

Where maternal or natural feeding is not available, the child has to be fed artificially. Of artificial foods there are many prepared foods now procurable in the market. It is very difficult to choose between them. One food agrees with one child and disagrees with another. Moreover, the amount to be given at a feeding and the number of feedings necessary during the day are also important considerations. Both over-feeding and under-feeding are injurious. Sometimes where maternal feeding is not procurable, people procure a wet-nurse. This is necessary for rickety and premature children.

J. N. M.

PLUMBUM METALLICUM : A REVIEW OF SOME OF ITS SYMPTOMATOLOGY.

(Continued from page 224, No. 7, Vol. XXXI.)

BLOOD.

There are several important blood changes. Briefly, these may be anemia of a secondary type with

the red cells occasionally going as low as 2,500,000 and the hemoglobin to 50 per cent. The white blood cells vary in number, depending upon the state of the bone marrow. In the early leucoblastic hyperplasia the count is apt to be higher than normal (12,500 not rare). In other cases the cell count is normal as regards the white cells. In the stained specimen anisocytosis and mild poikilocytosis are usually seen. There is often a moderate polychromatophilia and an occasional nucleated red cell. The most important finding is, however, the presence of cells showing basophilia.

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WEIGHT REDUCTION AND ITS REMAKABLE EFFECT ON HIGH BLOOD PRESSURE.

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Medical School.

I have noticed a rapid fall in blood pressure during the process of weight reduction through dietetic adjustment. This has occurred almost uniformly and it is fair to conclude that weight reduction through regulation of diet is one of the chief therapeutic measures to be used in the treatment of high blood pressure. In fact, if Bright's disease, focal infections, and conditions in which other treatment is clearly indicated are excluded, diet and treatment of the intestinal tract seem almost certain to reduce the high blood pressure. Furthermore, it is not difficult to maintain the blood pressure at a lower point by normalizing the diet after it has been once reduced in this way.

Whether obesity is considered an entity or not, it is associated with many symptoms which are relieved as weight decreases. It matters little to the patient whether these are symptoms of obesity or of its

complications. The most frequent symptoms are palpitation of the heart, dyspnea on exertion, pains in the knees, ankles, feet and other joints, difficult walking and impairment of activity. Arteriosclerosis, edema of the ankles, albuminuria, gout, myositis, neuritis, lordosis, flat feet, intestinal toxemia, vertigo, eczema intertrigo and hypothyroidism are complications.

Within the first forty-eight hours after a weight reduction diet has been started a marked relief is felt by the patient from the shortness of breath and palpitation of the heart. Walking becomes easier because of this relief to the heart and the breathing. It is not long before stiffness and painful joints begin to improve and they are frequently cured entirely.

An initial drop in the systolic blood pressure of twenty points in the first five to seven days is not unusual. It is easy to understand what this means to an embarrassed heart which has been working against a blood pressure fifty to a hundred points above normal. The edema rapidly disappears. The albumin in the urine likewise disappears when it is due to congestion of the kidneys. After the blood pressure has reached a point sufficiently low entirely to relieve the embarrassed heart, edema and albuminuria from congestion of the kidneys seem to be completely cured. When headache is due to high blood pressure or the resultant kidney congestion, it also yields to this treatment. Vertigo and fainting, which were present in two of the cases here reported, were cured. Intermittent pulse is another symptom which improves.

Gouty manifestations are greatly benefited by the low diet used for weight reduction unless the mistake is made of using too much meat and highly seasoned food. A weight reduction diet should be low in carbohydrates and fats. The amount of protein allowed should be moderate. The drinking of large quantities of water, thereby increasing elimination, is of great advantage while weight is being lost.

This is particularly necessary in the gouty cases. A recent popular book, of which several hundred thousand copies are said to have been sold, recommends an unbalanced, unscientific diet.

Whatever may be the cause of diabetes, overeating is certainly a factor. As a prophylactic measure against diabetes, dietetic restriction for weight reduction or for the prevention of weight increase in those inclined toward obesity is undoubtedly highly important. It is difficult to estimate its full value.

When sufficient weight has been lost, backache resulting from a compensatory forward convexity of the lumbar vertebræ in those of large abdominal girth is cured. The arches of the feet being relieved of the excessive weight which they are called upon to support, symptoms of flatfoot or weak foot are done away with.

Vertigo and fainting have disappeared during the treatment of these cases. In one or two it might have been due to the relief of an accompanying intestinal toxemia, because elimination by way of the intestinal tract was given considerable attention,

The following cases were taken from those which led to the conclusions which are presented in this article. Some of these patients had bad teeth or other foeal infections and many suffered from intestinal toxemia, but the weight reduction diet was the treatment given to all and, I am convinced, caused the decrease in blood pressure. Other treatment used was according to indication in each case and varied considerably. I am sure that all will agree with me in the opinion that catharsis alone could not have been responsible for the uniform results here shown, nor could it have reduced blood pressure so many points,

CASE I.—Mrs. J. C., first seen January 18, 1919. Symptoms: Severe headaches, shortness of breath, swelling of the ankles, and backache. Physical examination: Weight, 180.5 pounds; blood pressure, diastolic 110, systolic 204; urine slight trace of albumin. Treatment: Weight reduction diet containing very small amount of meat, one thirtieth of a grain of strychnine, three times a day, and cathartics. January 25th, weight 178 pounds and 2 ounces, blood pressure, diastolic 100, systolic 178; February 8th, weight 177 pounds and 4 ounces, blood pressure, diastolic 92, systolic 170; February 15th, weight 177 pounds and 5 ounces, blood pressure, diastolic 92, systolic 170; March 1st, weight 168 pounds and 3 ounces, blood pressure, diastolic 98, systolic 158; March 22nd, weight 172 pounds, blood pressure, diastolic 92, systolic 162. During this time most of

the symptoms disappeared, Headaches, shortness of breath and albuminuria, although the patient was by no means cured, for there were complications not traceable to overeating, and an unfavorable family history. The teeth were in bad condition and the patient, feeling practically well, discontinued treatment and went to a dentist for pyorrhea. Almost two years later, in the early part of December, 1920, she returned with a small trace of albumin and headaches. The weight and blood pressure had remained down, weight 158 pounds, blood pressure, diastolic 98, systolic 165. After-treatment directed to increase of elimination through the intestinal tract, albumin and headaches disappeared and the patient maintained her improvement. Almost one year later, August 9, 1921, the patient came to the office. Examination of urine showed no albumin and the blood pressure was, diastolic 90, systolic 156.

Result.—Blood pressure dropped, diastolic ten points, systolic twenty-six points the first week. Two months later weight was eight pounds, blood pressure, diastolic eighteen points and systolic forty-two points lower. Two and one-half years later, the diastolic blood pressure was down twenty points and the systolic was down forty-eight points; swelling of ankles, albuminuria, dyspnea, backache and headache were gone.

CASE II.—Mrs. C. H, V., first visit April 13, 1917. Symptoms: Patient complained of rheumatism in back and knees, headache, swelling of ankles, palpita-

tion and shortness of breath. Physical examination: Weight 240 pounds; blood pressure, systolic 190, pulse irregular, some swelling of the ankles. Treatment: The patient was placed on a weight reduction diet and seen from time to time during the following year; the weight gradually dropping until on October 22, 1917, it was 198 pounds and 10 ounces. The blood pressure was systolic 140. May 4, 1918, the weight was 190 pounds and 8 ounces, the blood pressure, diastolic 85, systolic 170. Much relief was obtained from rheumatic symptoms and activity in walking and getting about greatly increased. May 2, 1921, about four years since the first visit, the patient returned for further treatment, weight having risen to 197 pounds, which was, however, 43 pounds less than when first seen. The diet was resumed and on July 22nd the weight was 184 and a half pounds, the blood pressure, diastolic 84, systolic 154.

Result.—After four year's weight is fifty-six pounds lower. Systolic blood pressure is thirty-six points lower than when first seen. The breathing is much easier. Backache, rheumatism and edema are gone. Walking has become possible.

CASE III.—Mrs. J. L. S., first visit on March 15, 1920. Symptoms: Headaches, dizziness, fainting (has fainted several times on the street), backache, pain in the left hip, pain in the left lower quadrant of the abdomen, pain in right arm and elbow, shortness of breath on climbing stairs, disturbed sleep. Examination showed weight 201 pounds, blood

pressure, diastolic 90, systolic 150. Heart negative, some pyorrhea, leucorrhea, tenderness over the sigmoid, x-ray showed unrotated colon, cecum in the midline. Cecal stasis continued beyond forty-eight hours. Treatment consisted of weight reduction diet and irrigations of the colon in addition to advice as to having other conditions treated. The following is the subsequent history : March 29th : weight 193 pounds, blood pressure 134 ; patient slept better ; pain in left lower quadrant relieved, pain in back less constant ; pain in arm better, no fainting but still some dizziness. April 30th : weight 186 pounds and 8 ounces. May 20th : weight 180 pounds and 12 ounces, blood pressure, diastolic 88, systolic 120. Patient climbed stairs more readily, no dizziness, no fainting, all symptoms had about disappeared. Six months later, on November 24th, weight was 171 pounds, blood pressure 126. Patient said she was so well that she did not need a physician any longer. At the first visit patient said she had been treating for fifteen years without benefit but had been persuaded by her family to try once more.

Result.—In eight months' time weight was reduced thirty pounds, systolic blood pressure twenty-four points, and all symptoms were cured.

CASE IV.—Mrs. A. D., first visit March 21, 1921. Symptoms : Dyspnea on exertion, headache, palpitation, pain in the knees and elbows, numbness of arms and swelling of the ankles. The patient had increased in weight twelve pounds in a year. She was a heavy

drinker of tea. Examination showed weight to be 172 pounds and 8 ounces, blood pressure, diastolic 104, systolic 170, pulse 96, marked tremor, goitre and scar where a part of the thyroid had been removed. March 26th : weight 169 pounds and 8 ounces, blood pressure 150, pulse 72. April 2nd : weight 168 pounds, blood pressure 140. April 11th : weight 166 pounds and 12 ounces, blood pressure 140. In the meantime the headaches, swelling of the ankles, shortness of breath, pain in the knees, and numbness of the arms had disappeared. The patient complained of heart-burn. A test breakfast was given with the following results : free hydrochloric acid 40, total acidity 76. After the use of alkalies the heartburn ceased. May 2nd : all symptoms were relieved, weight was 168 pounds, blood pressure, diastolic 88, systolic 118.

Result.—There was a remarkable drop in blood pressure, systolic fifty-two points from 170, diastolic sixteen points from one hundred and four in forty days. This was in no way accompanied by any unfavorable symptoms, such as dizziness and weakness. In fact, the patient was improving in every way and feeling better all the time. The pulse fell from 96 to 72 in five days. Edema and dyspnea were cured during treatment.

CASE V.—Mr. C. H. V. gave a history of frequent attacks of rheumatism, also had glaucoma, pain in the right eye and headache. Patient was unable to read except the largest print; family was told by oculists nothing could be done for his eyes. Pilocarpine drops

were being used. Had an abscess near eye tooth on right side which he said did not trouble him, though it had discharged intermittently for years. At the time of the first visit in June, 1920, he was having an acute attack of rheumatism. Meat, butter, the latter being used excessively, were restricted in his dietary, colchicine and aspirin were given by mouth, and sodium carbonate enemata were given. This attack was quickly controlled. The abscess over the right eye tooth proved to be large, with thick-walled sac. Three days after its removal the pain in the eye and head disappeared and did not return. The general acuteness of vision improved some and the tension of the eyeball was lessened. The blood pressure when first taken, July 26, 1920 (this being the date of the first visit to my office, after the acute attack of rheumatism was cured) was systolic 190. It dropped in ten months to 160, ranging between 154 and 170. At this time the diastolic blood pressure ranged between 106 and 110. Though the patient was not overweight, I put him on a daily diet of one quart of milk and all the fruit he desired to take. The blood pressure dropped to diastolic 98, systolic 156. I asked him to follow this diet one day a week thereafter. Less than a month later, on June 15, 1921, the blood pressure was 96/148. On August 24th it was 96/156. There had continued to be an improvement in the clearness of vision.

Result.—Patient on restricted diet for a number of months. Blood pressure dropped from 190 to 160,

systolic, and diastolic was little changed. No attention was paid to the weight in this case. The patient was finally placed on a very low diet for effect on blood pressure and diastolic dropped ten points, systolic ten points more.

CASE VI.—Miss B. M. K., first seen on April 22, 1916. Patient complained of shortness of breath, dizziness and fainting, and bad taste in the mouth in the morning. Physical examination showed slight tenderness in the right upper quadrant of the abdomen, weight 184 pounds and 15 ounces, blood pressure 150. X-ray showed evidence of adhesions between the colon and gallbladder with stasis in the cecum and ileum. Treatment consisted of colonic irrigations, weight reduction diet, fels bovis and magnesia usta. Weight, April 29th, 182 pounds ; May 27th, 172 pounds; June 23rd, 164 pounds and blood pressure 115. All fainting disappeared after the first week of treatment and dizziness by the end of a month.

Result.—Weight was reduced thirty pounds in three months and systolic blood pressure thirty-five points in two months.

CASE VII.—Mrs. H. W. P., first seen July 25, 1916. At this time the weight was 180 pounds and 4 ounces. Blood pressure was diastolic 110, systolic 160. Before seeing the patient she had been taking intestinal irrigations which were not discontinued. In addition she was placed upon a weight reduction diet. On July 31st, weight was 178 pounds and 4 ounces, blood pressure, diastolic 95, systolic 145. On August

8th, weight was 174 pounds and 4 ounces, blood pressure, diastolic 85, systolic 130.

Result.—In two weeks the weight was reduced six pounds, the diastolic blood pressure twenty-five points and the systolic blood pressure thirty points.

Case VIII.—Mrs. E. M. S., first visit September 11, 1916. Patient complained of shortness of breath and some symptoms referable to the stomach. Examination showed, height five feet five and a half inches, weight 179 pounds. Blood pressure, diastolic 110, systolic 180. Pulse was intermittent. There was nothing of importance in the examination of the urine. September 15th, weight was 176 pounds and 8 ounces ; September 30th, weight was 174 pounds and 6 ounces ; October 7th, weight 172 pounds and 10 ounces ; November 11th, 166 pounds and 8 ounces ; December 5th, 165 pounds and 8 ounces ; January 10th, 164 pounds and 12 ounces. On December 2nd the blood pressure was systolic 150.

Result.—In about three months' time the weight was reduced fifteen pounds and the blood pressure thirty points.

Case IX.—Mrs. R. L., first visit February 6, 1919. Patient complained of dizziness with frequent fainting, pain over the heart and dyspnea. Examination showed a blood pressure of 240. Unfortunately the weight was not taken at this visit but the diet which was chosen was a weight reduction diet and I have records of the loss of weight from March 12th to June 23d. The examination on March 12th disclosed

that the blood pressure had dropped to 210, the weight was then 155 pounds and 8 ounces. On June 23d the weight was 145 pounds and 12 ounces and the systolic blood pressure 190.

Result.—In a little over four months' time more than ten pounds in weight was lost and the blood pressure was reduced fifty points. The patient's blood pressure had remained at 190 when she was seen six months later.

CASE X.—Mrs. J. S. This patient had been under my care for a number of years, and in all this time she ran a high blood pressure and suffered from severe and persistent headaches. Her head was never comfortable. Previous treatment had given considerable relief but left much to be desired. On April 25, 1921, the blood pressure was diastolic 124, systolic 190; weight 142 pounds and 6 ounces. Patient was seen frequently and given injections of lutein for the relief of headaches and associated nervous symptoms. On May 12th the blood pressure was diastolic 114, systolic 164, weight 143 pounds and 12 ounces. The patient was placed upon a diet designed to reduce her slowly, though she was not much overweight, to ascertain wheter this would further reduce her blood pressure. By June 6th her weight was 141 pounds and 8 ounces, her blood pressure, diastolic 114, systolic 144; June 27th, weight was 140 pounds, blood pressure, diastolic 110, systolic 152; August 1st. weight was 138 pounds and 5 ounces. blood pressure, diastolic 110, systolic 154.

Result.—A persistent case which had yielded partially to treatment and had already obtained a drop in the blood pressure diastolic ten points and systolic twenty-six points, when the patient was placed upon a diet which caused a loss of only five pounds in two months, gave a still further loss in the blood pressure diastolic four points, systolic ten points. The patient felt so much better that she stopped coming to the office, otherwise I am convinced that the diet would have reduced the diastolic blood pressure ten or twenty points more.

CONCLUSIONS.

Weight reduction through dietetic adjustment causes improvement in several important symptoms either due to or associated with obesity.

1. One of the most uniformly noticed and the most important of these is the reduction of blood pressure. The amount of this reduction is much greater than could be obtained by the use of drugs.

2. Excepting Bright's disease, focal infection and incurable diseases, this method gives promise of being a therapeutic measure which can be relied upon to reduce blood pressure.

3. Cases amenable to this method of treatment maintain the low blood pressure if the diet is normalized at the conclusion of the reduction.

4. There are some symptoms which seem to be dependent upon the increased blood pressure and which are relieved as the blood pressure falls. These

are shortness of breath, palpitation, edema of the lower extremities, and albuminuria.

5. A drop of fifteen to twenty points in the systolic blood pressure during the first week of the treatment is quite common for those starting with a blood pressure around 200. A reduction of fifty points during the course of treatment is to be expected in such cases. These same patients starting with a diastolic blood pressure between 110 and 120 will generally conclude the treatment with a diastolic blood pressure between 90 and 100. For those whose blood pressure is not above systolic 150 at the beginning a drop to between 120 and 130 can be expected.

6. One of the worst forms of headache is due to high blood pressure. It is very successfully relieved during this method of treatment.

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INFANTILE BRONCHO-PNEUMONIA AND THE HOMEOPATHIC THERAPEUTICS OF THE SAME.

RUDOLPH F. RABE, M. D.,

This formidable disease, so prevalent in and about New York during the winter and spring months, has been the means of many times demonstrating the superiority of scientific homeopathic treatment. Known also as lobular or catarrhal pneumonia, it was formerly

by the older physicians called suffocative Catarrh. Capillary bronchitis was considered to be a distinct affection, but is now regarded as part of broncho-pneumonia, in fact, cannot be distinguished from it. A case presenting high fever, dyspnæa, cough, bilateral subcrepitant rales at the bases and later localized areas of consolidation is one of broncho-pneumonia. The disease may be primary, but it is usually secondary, and when the latter is of course more grave. A simple bronchitis, especially that of measles, or following whooping cough, often precedes broncho-pneumonia, though seldom where the case has had the benefi of good homeopathic prescribing from the beginning. From croupous or lobar pneumonia it may be distinguished by the fact that the latter inflammation is usually unilateral, begins suddenly and occurs in older subjects. Under the age of three years, broncho-pneumonia is generally found. Primary cases may cause difficulty in diagnosis, especially if, central in origin, but twenty-four to thirty-six hours are usually sufficient to clear up any doubt. Under old-school treatment, the mortality is variously estimated at from thirty to forty per cent. The primary form begins abruptly, often with a convulsion. The secondary form commences as a bronchitis of the smaller tubes, which extends to the alveolar structure. Cough at first dry and painful is a constant and distressing symptom, and dyspnœa increases in proportion to the amount of lung structure involved. Respiration is greatly accelerated as is also the pulse-rate. The temperature is usually

high, 103 to 105 or higher. Lividity of the skin surface is often to be noted, though more usually the face is pale and the alæ nasi are seen to move vigorously and persistently. Untreated, the disease may run an indefinite and prolonged course terminating in pulmonary tuberculosis, collapse of the air cells, and death by exhaustion or cardiac syncope. Pathologically the disease consists in a catarrhal inflammation of the mucous membrane lining the alveoli and lobules of the lung structure. The lobules become filled with the products of inflammation, forcing out the air until a solid mass is formed. Catarrhal pneumonia is generally associated with bronchitis and as stated before, usually secondary to it. The onset is as a rule gradual, often unsuspected, until the thermometer and a careful physical examination disclose the true nature of the disease. On examination, the percussion note is found to be but little if at all affected until later, auscultation however, will usually reveal fine subcrepitant rales somewhere in the chest, usually at the bases of the lungs, but often heard best in the arm-pit or between the scapulæ. The fever is irregular, remittent, but in my own experience, usually high, until controlled by the well chosen remedy. The skin may be either hot and dry or slightly moist. Empyema is said to be a rather frequent complication. The prognosis, with Hahnemannian prescribing is good, and very few cases need be lost. If seen later in the course of the disease, especially after old-school measures have been resorted to, the

outlook becomes much more serious, though even here it is astonishing what the well-indicated and potentized remedy will do. If seen early, Ferrum phosphoricum is one of the most frequently called-for remedies. It is suited to the stage of invasion and is indicated by the high temperature, absence of restlessness, in fact, the infant seems dull and stupid, pale or slightly flushed face, skin dry and hot or slightly moist, little thirst as a rule, and short dry cough. A low temperature contra-indicates the remedy.

Aconite is a remedy seldom demanded, at least in this section of the country. It is apt to be required in infants or children of a robust constitution, just those who do not come down with broncho-pneumonia. The symptoms demanding it, however, are the typical restlessness, anxiety, thirst, and expression of fear on the face, which is flushed but pale when the infant is raised. The cough is short, dry and ringing, worse after drinking cold water or lying on either side, better by lying on the back. The breath is hot, and breathing quick and superficial or labored and anxious. Pulse full and hard. Sleeplessness. Urine scanty, dark and turbid with increased restlessness before micturition.

Chamomilla is more frequently necessary for the extremely peevish and cross infant, which works itself into a passion, thereby greatly aggravating the exhausting cough, which is rather loose during the day, and long continued, dry at night. With the

cough there is rattling of mucus in the trachea. Pulse is small, accelerated and weak. Urine yellow and scanty.

Cina has more than once served me well, where the infant has been deathly pale, screaming when touched or approached, with short interrupted breathing and a short dry cough, after which the infant appears to swallow something. The urine is copious and passed frequently, quite the opposite of Aconite or Chamomillia. On waking there is often screaming and kicking, with flushed cheeks. Starting on falling asleep.

Phosphorus is indicated, sometimes after Cina, by the persistently high temperature, rapid pulse, severe and exhausting cough, face pale, thirst for cold drinks with vomiting some time after drinking, evident distress and increase of the cough when placed upon the left side, stools thin and passed involuntarily, as if anus were open, general amelioration after sleep.

Antimonium tartaricum I have very seldom had occasion to prescribe and when given I have found the high potencies to act satisfactorily, the experience of many to the contrary, notwithstanding. Throughout the chest are heard course as well as fine bubbling rales, indicating a large collection of mucus, which is threatening suffocation. There is great prostration, drowsiness, cool and moist surface of the body, often apparent nausea and vomiting, the vomit being white tenacious mucus. A warm room seems to increase the sufferings of the child. Face pale and eyes sunken,

with blue margins. Breathing unequal. Skin often cyanotic.

Ipecacuanha may be confused with Ant. tart. The face is pale, eyes sunken and surrounded by blue rings; mouth drawn as if from nausea; often vomiting; the cough is very spasmodic, however, with gagging and choking; the rales are not constant and may be both fine and coarse; the weakness is not so profound as in Ant. tart., and the condition is more spasmodic.

Hepar sulphur is useful when the cough is either dry and hard or loose and choking, usually the latter, worse after midnight and from becoming uncovered, even a little, or from a cold drink. There is much rattling of mucus throughout the chest, the child cries when coughing and seems to cough into a "choke", often breaking out in a profuse sweat. The voice may be hoarse.

Lycopodium may save life in desperate cases where pulmonary collapse is threatened. The characteristic fan-like motion of the alæ nasi is present, though ant. tart., brom, chel., phos, spong, and pyrogen have this symptom also. The infant may be cross and screaming on waking, urine is red and scanty, often with brick red sediment, and crying before urinating. Rattling of mucus worse on the right side. General aggravation from four o'clock in the afternoon, until eight at night. One foot hot and the other cold. Abdomen bloated and tympanitic. If room is cold infant seems quieter.

Arsenicum is sometimes serviceable when there is

the typical arsenicum thirst, restlessness, anxiety, prostration and general increase of all symptoms after midnight. The pulse is rapid and weak. I have had little occasion to prescribe it.

Bryonia is frequently indicated where the aggravation from the slightest motion is apparent. The infant cries bitterly if touched or moved or even picked up and seems better if held firmly but quietly. The thirst is for cool drinks in rather large amounts, though infrequent. Cough is dry and hard and quite evidently painful. Respiration is short, shallow and jerky. Bowels apt to be costive. Cough after drinking. Dry friction sounds, probably pleuritic, in chest on auscultation. Red spot on one or the other cheek.

Chelidonium, like lyc., has the fan-like motion of the alæ nasi, also heat of one foot and coldness of the other. Oppression of breathing and anxiety are manifest. The face is dark red, cough loose and rattling, stools thin and bright yellow, right lung appears to be more affected. Like bry. there is an aggravation from motion.

Calcarea carb. and psorinum are useful in the closing stage or convalescence, the former in the typical calcarea type of infant with profuse sweating of the head, the latter in infants with dirty, greasy skins, covered with eczematous eruptions, and offensive stools and sweats. Often a history of repeated attacks with extreme sensitiveness to cold.

Sulphur when, after a favorable action of the well-

chosen acute remedy, the case relapses or stands still, with great thirst, dry burning heat, amelioration of the entire condition if the room is cool and kicking off the covers. Lips bright red. Cheeks often circumscribed. Stools if loose, acrid and excoriating.

Tuberculinum like sulphur, in psoric or tuberculous subjects, when the apparently well chosen remedies fail, is more adapted to blondes, infants that are delicate and constantly taking cold, history of tuberculosis in one or the other parent or in family. Rapid emaciation and offensive diarrhœa. I have in two cases seen tuberculinum do good work, and tuberculin-avian has served me well in a case of tuberculous broncho-pneumonia following upon measles.

Medorrhinum may be of use in infants of sycotic parents. Such infants are peevish and stunted in growth. The cough is deep and has a hollow sound and is ameliorated by lying flat on the abdomen or face. In infants I have had no personal experience with it, but have verified the peculiar cough modality in an adult.

Pyrogen is another remedy, the symptomatology of which we owe mainly to Drs. Sherbino, Yingling and H. C. Allen. It also has the symptoms of fan-like motion of the alæ nasi and a desire for with amelioration from, being rocked. Its chief indication, however, is a lack of correspondence between the temperature and pulse, the latter being very rapid and the former low.

It has not been my purpose to cover the entire field of the homeopathic therapeutics in this disease,

since to do so would be to mention almost every remedy of prominence in our materia medica, for it is always the patient and not his disease that is to be prescribed for. Those remedies only have been mentioned, which in the writer's experience have been again and again found useful and for him have the attraction of old and tried friends.

Discussion.

H. C. Allen :—That is an admirable paper and I have only one criticism to make ; that is that it is a move in the wrong direction, it is a beautiful illustration of how to treat the disease. We get our therapeutics from the peculiar symptoms of the patient but when you consider the disease and go through the description of the disease you are apt to base your selection upon the pathological states that belong primarily to the disease rather than to the patient. The right way to do is to finish up your diagnosis, then stop and write out your symptoms and select the remedy from them. Do not base your remedy upon the Pneumonia or the broncho-Pneumonia.

T. P. Roberts :—I think that Dr. Allen is putting it a little too strong ; Dr. Rabe was giving the therapeutics of a certain disease or diseases ; he simply gave the symptoms that are likely to occur in that condition and the remedies that are likely to be indicated. He did not limit the treatment to the remedies that he mentioned. Give any remedy that

is indicated; but he says the remedies are very likely to be so and so with these indications. That is perfectly legitimate and I do not think that Dr. Allen's criticism is required. I can second Dr. Rabe's recommendation of Ferrum Phos. in this condition. It is a very frequently indicated remedy in the disorders of children.

C. M. Boger :—Dr. Allen and I do not always speak together or agree on all particulars but we do this time. I am in full accord with everything that he said. Any one treating disease symptomatically, that is, homeopathically, will come across differences and conditions that puzzle him. In that light every case is a new problem and not one in which to give some one of the stock remedies recommended for that disease. It has been my lot to see very few cases of disease that could be treated that way, with success. There seemed to be always some element in the case that compelled me to look up some remedy that was seldom used in that disease, so that the books that recommended a list of remedies appropriate to that disease were seldom of any use to me. I remember a case of Pleuro-Pneumonia in a patient only three years old, in which the pleuritic pains were very severe; a peculiarity was that the patient was not able to lie down; lying down made the pains worse, breathing made the pains worse, there was profuse sweat with a temperature of 104 and considerable effusion. I looked a long time for a remedy, but when I found it and gave it to her she was practically convalescent

in twenty-four hours. The remedy was asclepias tuberosa.

Those cases of so-called catarrhal fever or catarrhal Pneumonia of children are difficult to control if you do not go outside of the usual remedies. I have seen antimonium. tart check the whole process right off. My rule with them is one dose of the 10m and wait. It requires considerable courage to do that way, but if your indications are right you will get results. It is my opinion that veratrum viride and some other jugulating remedies are used too frequently and in too low a strength. Veratrum viride can be trusted in the potencies just as well as any other remedy. It is indicated when the face is congested dark blue, when the patient is verging on unconscious. Fulminating cases of pneumonia, when thus indicated, the potencies can be trusted.

A. P. Bowie :—I wish to commend most heartily this paper on the therapeutics of this disease. I wish that all the papers read here had as much meat in them as that paper has. It is strict homeopathic treatment that he has recommended. Dr. Raue's work called Special Pathology with Therapeutic Hints is built on the same plan, and that book has helped me greatly.

Chairman :—If there are no more remarks Dr. Rabe will close his discussion.

R. F. Rabe :—I think that both Drs. Boger and Allen have misunderstood my paper. Yesterday and this morning we listened to papers telling us to be

careful in our diagnosis and with the approval of both of these gentlemen if I remember right; now then they tell us that we must be equally careful never to even name a disease. I would like to know how we are to make a diagnosis at all if we are not to use any names. Having made a diagnosis so that you know about what your patient has, the further questions arise what are the remedies likely to be indicated in this disease, the therapeutic measures that are likely to be indicated in this disease. The therapeutic measures that are likely to be successful are limited to certain groups of remedies. I say likely for I freely admit that any remedy may be indicated but that is not likely. I have simply given the symptoms that are likely to occur together with usual and appropriate remedies therefore. No remedy in the materia medica is out of the question but we do not have to study the whole materia medica every time we have a case of Pneumonia; we turn to a group of remedies and see if any of them fit if not we look elsewhere.

Furthermore if you look into it you will find that most of the symptoms that I have given are characteristic of the patient rather than of the disease. For instance, I say if the child wakes up cross, crying and screaming give so and so; that symptom is not characteristic of the disease but of the remedy and of the little sufferer. That is the point and my defence in this article in regerd to antimonium tart. I have not had occasion to employ it much because other remedies will cure the case before the time when

antimonium tart is indicated. Ferrum Phos. is certainly a wonderful remedy. I have seen it reduce the temperature and ameliorate all the symptoms in 24 hours or less.

I can often abort a case ; I am very apt to be sure of my diagnosis in these cases. I have treated case after case in the presence of old school friends of mine and I know what they can do and I know what I can do in comparison with them.

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THE RATIONALE OF THE WASSERMANN REACTION

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(An Abridged Account of a Paper Read Before the Dermatological Section of the Royal Society of Medicine on October 20, 1921.)

Though the Wassermann reaction (W. R.) has been extensively employed since 1907, it cannot be said that much progress has been made in unraveling its modus operandi. Some have laid great stress upon the possible interpretations of a positive and negative reaction, but those with a large clinical experience are coming to the conclusion, *that a negative reaction signifies nothing, and that a positive reaction means no more than that the patient has had syphilis. It is now being recognized that the reaction can be*

used, neither as a regulator of treatment nor as a test of cure, and that a positive reaction does not necessarily signify that the disease is active and that the patient requires treatment. Though the experimental work about to be described will form sufficient proof of the statements just enunciated, the main object of this paper is to detail as far as is possible the changes undergone by the protein particles in syphilis, and to throw more light on certain problems which so far have remained unsolved. Before doing this it will be necessary to consider the hæmolytic system, the foundation of all complement-fixation tests, and to point out the relationship it bears to the first part of the W. R.

Hæmolytic System.

An immune serum plus complement will cause red blood corpuscles to give up their hæmoglobin, and produce what is called hæmolysis. If the serum immunized against the red blood corpuscles, and known as amboceptor, is not inactivated there is no need to employ the fresh serum of another animal, which receives the name of complement. Inactivation causes equal-sized protein particles to agglomerate partially, an action which always leads to a reduction of their Brownian movement, and may lead to a precipitation of some of the clumps formed. In the presence of antigen—that is to say, the substance with which the immunization is carried out—the immune serum when used fresh and unheated will undergo similar changes,

only more slowly, which is likewise the case when the serum is heated and complement is used. While these changes are taking place the surface-tension of the liquid medium is diminished with the result that the red blood corpuscles give up their hæmoglobin. A specific amboceptor is not essential, because a simple negatively or positively charged colloid will take its place. Either colloidal silicic acid or colloidal aluminium hydroxide will replace the amboceptor. If the two are used together no hæmolysis results, because the iso-electric point is reached. There will also be no hæmolysis if one of the colloids is allowed to interact with the complement some time before the red blood corpuscles are added, because precipitation is the final stage of absorption, agglomeration, etc., and when precipitation is complete, the normal surface-tension of the liquid medium becomes restored; consequently the added red blood corpuscles simply fall by their own weight to the bottom of the tube. The fresh serum of a guinea-pig is employed for the complement. In such a serum the protein particles are uniform in size and show vigorous Brownian movement. With colloidal silicic acid the particles decrease in number and rapidly form clumps, which finally become precipitated.

(To be continued.)

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